

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90184 001 *1,100.00

0102710 AV

DOCUMENT # 365537
1. Entity Name
SOUTHERN APPAREL CORPORATION



Principal Place of Business
**12420 73RD COURT N.
LARGO FL 33773
US**

Mailing Address
**12420 73RD COURT N.
LARGO FL 33773
US**



2. Principal Place of Business
6911 Bryan Dairy Rd.
Suite, Apt. #, etc.
Suite 210
City & State
Largo FL
Zip
33777 Country
USA

3. Mailing Address
Suite, Apt. #, etc.
u
City & State
Zip
Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1300127** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHORT, WILLIAM W. JR.
12420 73RD CT N
LARGO FL 34643**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
see address below
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHORT, WILLIAM W. JR. 12420 73RD CT N LARGO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMIERO, ROBERT W. 12420 73RD CT. N. LARGO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARASSEE, JOHN M. 12420 73RD CT. N. LARGO FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHORT, JOHN 12420 73RD COURT N LARGO FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNTER, VIRGINIA 12420 73 COURT NORTH LARGO FL 33773 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6911 Bryan Dairy Rd. Suite 210 - for all Largo FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition To Sanchez, Anthony
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **7-14-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)