

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90227 041 ***150.00

DOCUMENT # 447446

1. Entity Name

SOUTHLAND FORMING, INC.

Principal Place of Business

Mailing Address

3939 S. CONGRESS AVE.
 SUITE # 103
 LAKE WORTH FL 33461

3939 S. CONGRESS AVE.
 SUITE # 103
 LAKE WORTH FL 33461-4119

2. Principal Place of Business

8470 Belvedere Road

3. Mailing Address

8470 Belvedere Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

4. FEI Number

59-1525581

Applied For

Not Applicable

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON (GEORGE A)
 663 SE 10TH ST.
 DEERFIELD BEACH FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WHITESIDE, DARRELL**
 STREET ADDRESS **5173 WOODLAND DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **AS** ☐ Change ☒ Addition
 NAME **Stacy Kathryn Whiteside**
 STREET ADDRESS **1130 Commerce Street**
 CITY-ST-ZIP **Madison, Georgia 30650**

TITLE **ST** ☐ Delete
 NAME **WHITESIDE ANDREW**
 STREET ADDRESS **3281 PERIMETER DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **T** ☐ Change ☒ Addition
 NAME **Dustin Trevor Whiteside**
 STREET ADDRESS **847 Dixie Avenue**
 CITY-ST-ZIP **Madison, Georgia 30650**

TITLE **EVP** ☐ Delete
 NAME **WHITESIDE MARY K.**
 STREET ADDRESS **847 DIXIE AVE.**
 CITY-ST-ZIP **MADISON GA 30650**

TITLE **EVP/AS** ☒ Change ☐ Addition
 NAME **Mary Kathryn Whiteside**
 STREET ADDRESS **847 Dixie Avenue**
 CITY-ST-ZIP **Madison, Georgia 30650**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 2000

561-753-8210

Date

Daytime Phone #

CR2E034 (9/99)