

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90170 043 ***150.00

DOCUMENT # 447446

1. Entity Name

SOUTHLAND FORMING, INC.



Principal Place of Business

**8470 BELVEDERE RD
WEST PALM BEACH FL 33411**

Mailing Address

**8470 BELVEDERE RD
WEST PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1525581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete

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

TITLE **ST** ☐ Delete

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

TITLE **EVAS** ☐ Delete

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

TITLE **VPAS** ☐ Delete

NAME **WHITESIDE, STACY K**
STREET ADDRESS **1130 COMMERCE ST**
CITY-ST-ZIP **MADISON GA 30650**

TITLE **VPT** ☐ Delete

NAME **WHITESIDE, DUSTIN T**
STREET ADDRESS **847 DIXIE AVE**
CITY-ST-ZIP **MADISON GA 30650**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2003

561-753-8210

Date

Daytime Phone #

CR2E034 (10/02)