

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90113 015 \*\*\*550.00

**DOCUMENT # 850551**

1. Entity Name  
**SOUTHERN CHAMPION CONSTRUCTION, INC.**



Principal Place of Business  
**3897 STEPHENS COURT  
TUCKER GA 30084-1322**

Mailing Address  
**3897 STEPHENS COURT  
TUCKER GA 30084-1322**

2. Principal Place of Business  
**133 AIRPORT PARK DRIVE**

3. Mailing Address  
**133 AIRPORT DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SAVANNAH, GA**

City & State  
**SAVANNAH, GA**

Zip  
**31408**

Country

Zip  
**31408**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1295438**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

## 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V BROOM, JAMES 3897 STEPHEN COURT TUCKER GA 30084</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BROOM, MATT 133 AIRPORT PARK DR SAVANNAH GA 31408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TERRY, TOMMY 133 AIRPORT PARK DRIVE SAVANNAH GA 31408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CLEVELAND, WILLIAM 243 ADAIR STREET DECATUR GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FLOYD, WILLIAM F 712 W PNOCE DE LEON DECATUR GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BROOM, SHERI J 133 AIRPORT PARK DRIVE SAVANNAH GA 31408</b>	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT BROOM III, JAMES M. 133 AIRPORT PARK DRIVE SAVANNAH, GA 31408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT O'NEAL, ALAN 133 AIRPORT PARK DRIVE SAVANNAH, GA 31408</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY KIMBLE, KAREN 133 AIRPORT PARK DRIVE SAVANNAH, GA 31408</b>	<input checked="" type="checkbox"/> Change <input checked="" 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 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:**

**Sheri J. Broom**

**Sheri J. Broom 06/03/03 (912) 964-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary-Treasurer

Daytime Phone #

CR2E034 (10/02)