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

DOCUMENT #

F02000005874

1. Entity Name

SIGNATURE:

SOUTHEASTERN REGIONAL CONSTRUCTION SERVICES. INC



**FILED** Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90069 015 \*\*\*158.75

336-940-6487

Principal Place of Business 128 MEDICAL DR ADVANCE NC 2700  Addition  MAKE SIRET ADDRESS  ADVANCE NC 27040  Addition  MAKE SIRET ADDRESS  ADVANCE NC 27040  ADVANC
2. Principal Place of Business   3. Mailing Address   20 Whick and Brive   20 Check Here IF MAKING CHANGES
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Advance, NC Advance  Suite, Apt. #, etc.  City & State Advance, NC Advance  Suite, Apt. #, etc.  City & State Advance  Suite, Apt. #, etc.  City Status Desired  B. Name and Address of Current Registered Agent  Name  BUSINESS FILINGS INCORPORATED  1000 WEST AVENUE, SUITE 1114 MIAMI BEACH FL 33139  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 tamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signulus, types or prefer name of registered agent and title #application.  (NOTE Registered Agent signature regulated were remaiting).  FILE NOW!!! FEE IS \$150.00 Articl May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME SIREET ADDRESS CITY-ST-2P  ADVANCE NC 27040  ITILE NAME SIREET ADDRESS CITY-ST-2P  ADVANCE NC 27040    Change   Addition   Addition   Addition   Change   Addition   Addition   Addition   Change   Addition   Addition   Change   Addition   Addition   Addition   Change   Addition   Addition   Addition   Change   Addition
City   FL   State   St
Country Countr
6. Name and Address of Current Registered Agent    Name
BUSINESS FILINGS INCORPORATED  1000 WEST AVENUE, SUITE 1114 MIAMI BEACH FL 33139  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, hyead or printed name of registered agent and title if applicable. (NOTE Registered Agent alignature required when renataling).  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  ITILE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PROSS, SHEILA  SIREET ADDRESS  CITY-ST-ZIP  TILE  VCV  MULKEY, THIMOTHY  STREET ADDRESS  CITY-ST-ZIP  MULKEY, THIMOTHY  STREET ADDRESS  CITY-ST-ZIP  MAME  MAME  STREET ADDRESS  STREET ADDRESS
BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE, SUITE 1114 MIAMI BEACH FL 33139  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  City  FL  City  FL  Zip Code  City  FL
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Speaker, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating).  FILE NOW!!! FEE IS \$150.00   P. Election Campaign Financing Trust Fund Contribution.   P. Election Campaign Financing Trust Fun
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyped or privated name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered agent. (NOTE: Registered Agent signature required when reinstating):   Signature, hyped or privated name of registered Agent signature required when reinstating):   Signature, hyped or private name of registered Agent signature required when reinstating):   Signature, hyped or private name of registered Agent signature required when reinstating):   Signature, hyped or private nam
TILE NOW!!! FEE IS \$150.00  ARE: May 1, 2003 Fee will be \$550.00  Make Check-Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  PROSS, SHEILA  SIREET ADDRESS  CITY-ST-ZIP  ADVANCE NC 27040  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  ADVANCE NC 27040  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  ADVANCE NC 27040  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  ADVANCE NC 27040  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  SIREET ADD
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating):   DATE:
## Street address City-St-Zip WILLER YOUNG NAME    Street address City-St-Zip   Title NAME   Tit
## FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check-Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  ROSS, SHEILA  STREET ADDRESS  CITY-ST-ZIP  TITLE  VCV  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change  Addition
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With the stand in Cooling 110 (7/2Vi) Florido Statutos I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Plottage statutes and the second 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.