

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0454977 AV

DOCUMENT # **F57942**



1. Entity Name  
**OPUS SOUTH CORPORATION**

03 MAY -5 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4200 W. CYPRESS STREET  
SUITE 444  
TAMPA FL 33-3607**

Mailing Address  
**4200 W. CYPRESS STREET  
SUITE 444  
TAMPA FL 33-3607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1454928**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **VTS GREENFIELD, BARRY W.**  
STREET ADDRESS **4200 W. CYPRESS ST. #444**  
CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
NAME **President Joseph Rauenhorst**  
STREET ADDRESS **1300 Sawgrass Pkwy #144**  
CITY-ST-ZIP **Sunrise FL 33323**

TITLE  Delete  
NAME **PD RAUENHORST, NEIL J.**  
STREET ADDRESS **4200 W. CYPRESS ST. #444**  
CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
NAME **000018303630**  
STREET ADDRESS **05/06/03--01096--002 \*\*300.00**  
CITY-ST-ZIP

TITLE  Delete  
NAME **V ZOROMSKY, HOWARD**  
STREET ADDRESS **4200 W. CYPRESS ST. #444**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SV SHAW, JERRY**  
STREET ADDRESS **4200 W CYPRESS ST # 444**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V CAREY, RON**  
STREET ADDRESS **4200 W CYPRESS ST # 444**  
CITY-ST-ZIP **TAMPA FL 33607**

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

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: Barry Greenfield  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03  
Date

813-877-4444  
Daytime Phone #

CR2E034 (10/02)