

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90152 038 ***150.00

DOCUMENT # F60940

1. Entity Name
SOUTHERN R & M, INC.



Principal Place of Business
725 STEVENS AVE.
OLDSMAR FL 34677
US

Mailing Address
725 STEVENS AVE.
STE-D
OLDSMAR FL 34677
US

2. Principal Place of Business

3. Mailing Address
725 Stevens Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oldsmar, FL.

Zip

Country

Zip
34677

Country

USA

4. FEI Number **59-2258820**

Applied For

Not Applicable

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:

YANISS, MURIEL G.
1551 RIVERDALE DR
OLDSMAR FL 34677

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

Feb. 6, 2003

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 **V** ☐ Delete
NAME **YANISS, SUDA L.**
STREET ADDRESS **402 ARLINGTON AVE E**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **P** ☐ Delete
NAME **BUCKLEW, JANETTE**
STREET ADDRESS **1727 SPLIT FORK DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **ST** ☐ Delete
NAME **YANISS, MURIEL G.**
STREET ADDRESS **1551 RIVERDALE DR**
CITY-ST-ZIP **OLDSMAR FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)