

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**  
 01-23-2002 90029 026 \*\*\*150.00

**DOCUMENT # F97000000112**

1. Entity Name  
**SOUTHERN INDUSTRIAL SERVICES OF MS INC.**

Principal Place of Business

**303 VICTORY RD  
 LAUREL MS 39440  
 US**

Mailing Address

**PO BOX 2295  
 LAUREL MS 39442**

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

**64-0873827**

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

**BRANHAM, GLORIA J  
 7417 MAYAPPLE RD  
 JACKSONVILLE FL 32211**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete  
 NAME **HARRINGTON, JAMES E**  
 STREET ADDRESS **48 COUNTRY PARK CIRCLE**  
 CITY-ST-ZIP **PETAL MS 39465**

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

TITLE **D** ☒ Delete  
 NAME **HAMMOND, BILL W**  
 STREET ADDRESS **1643 HWY 184 E.**  
 CITY-ST-ZIP **LAUREL MS 39440**

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

TITLE **SD** ☐ Delete  
 NAME **HARRINGTON, MATT R**  
 STREET ADDRESS **4124 W 4TH ST APT 1405**  
 CITY-ST-ZIP **HATTIESBURG MS 39401**

TITLE ☒ Change ☐ Addition  
 NAME **Matt R. Harrington**  
 STREET ADDRESS **12 Park Place Apt. 124B**  
 CITY-ST-ZIP **Hattiesburg, ms. 39402**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES E. HARRINGTON** 1/9/02 601-425-5000  
 Date Daytime Phone #

CR2E034 (9/01)