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

Mailing Address

% JERRY C. PRICE

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

4111 NW 14TH PLACE

GAINESVILLE FL 32605

## **DOCUMENT # G43565**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

% JERRY C. PRICE

4111 NW 14TH PLACE

GAINESVILLE FL 32605

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SOUTHERN RESOURCE EXPLORATION, INC.

Country

6. Name and Address of Current Registered Agent



4.

5.

FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90113 028 \*\*\*150.00

40003458

CHECK HERE IF MAKING CHA	NGES
FEI Number 59-2331405	Applied For
097233 1400	Not Applicable
	75 Additional Required

7. Name and Address of New Registered Agent

9. Election Campaign Financing

Trust Fund Contribution.

GAINESVILLE FL 32605	City	Zip Code
PRICE, JERRY C. 4111 NW 14TH PLACE	Street Address (P.O. Box Number is Not Acceptable)	
	Name	

Country

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. | am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, JERRY C 4111 N W 14TH PL GAINESVILLE, FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
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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:

SINATOPINE OU SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02

3523725950

Daytime Phone #

CR2E034 (10/02)