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

Mailing Address

581 GOLDEN LINKS DRIVE

ORANGE PARK FL 32073

DOCUMENT # G44348

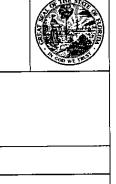
1. Entity Name

SOUTHERN SMITH, INC.

Principal Place of Business

581 GOLDEN LINKS DRIVE

ORANGE PARK FL 32073



FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90167 026 \*\*\*150.00

us	US							
2. Principal Place of Business		3. Mailing Address				/	ALI BIBIL 1884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	1 Number <b>59-2300471</b>	<b>⊢</b>	plied For t Applicable	
Zip	Country	Zip	Country	<b>5.</b> Ce	ertificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of New Registe	ered Agent		
SMITH, FRED C. 2554 HUNTINGTON WAY ORANGE PARK FL 32073				Name Smith Fred C  Street Address (P.O. Box Number is Not Acceptable)  58 GOOD Links				
			9K	RAnge	PACY	FL Zip Code	חא	
the obligati SIGNATURE _ FI After	named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of	and title if applicable. (No		gnature required when rein		DATE \$5.0	<b>0</b> May Be	
10.	OFFICERS AND		11.	ADE	DITIONS/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SMITH, FRED C. 2554 HUNTINGTON WAY ORANGE PARK FL	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	SS SXI GOL	Fred C den Links Dr ADRY FI 321773	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMITH, TAMMI E. 2554 HUNTINGTON WAY ORANGE PARK FL	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	SMITH,	TAMMI F Jan Links Pr Park Fl 32073	Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR		and the second of the second o	☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Delete	TITLE NAME STREET ADDR	ess	-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADOR	ESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		☐ Change	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it all all officers of the corporation or the receiver or trustee dispowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

116/03 (904) 272-2806 Daytime Phone #