

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90260 037 ***158.75

UNIFORM BUSINESS REPORT

DOCUMENT # J76535

1. Entity Name
SOUTHERN HAMMOCKS, INC.



Principal Place of Business
**7419 39TH COURT E
SARASOTA FL 34243**

Mailing Address
**7419 39TH COURT E
SARASOTA FL 34243**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2212 58th AVE E
Suite, Apt. #, etc.

3. Mailing Address
2212 58th AVE E
Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
Bradenton FL

4. FEI Number
59-2815444

Applied For
 Not Applicable

Zip
34203 Country
MANATEE

Zip
34203 Country
MANATEE

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

**BERUFF, CARLOS M.
7419 39TH CT E.
SARASOTA FL 34243**

Name
Street Address (P.O. Box Number is Not Acceptable)
2212 58th AVE E
City **Bradenton** FL Zip Code **34203**

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 PD	<input type="checkbox"/> Delete
NAME BERUFF, CARLOS M.	
STREET ADDRESS 7419 39TH COURT E.	
CITY-ST-ZIP SARASOTA FL 34343	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2212 58th AVE E	
CITY-ST-ZIP Bradenton FL 34203	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **Carlos Beruff** 2/13/03 941-359-9000 x13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)