

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90151 021 ***150.00

DOCUMENT # K35600



1. Entity Name
SOUTHERN BUILDING STRUCTURES, INC.

Principal Place of Business
**2040 NW 67TH PL
GAINESVILLE FL 32653
US**

Mailing Address
**PO BOX 5278
GAINESVILLE FL 32602-5278
US**



☐ CHECK HERE IF MAKING CHANGES

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 **59-2957064**
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

**CARPENTER, RONALD A.
5608 NW 43RD ST
GAINESVILLE FL 32653**

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 _____
Signature, typed or printed name of registered agent and title if applicable (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	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, DENNIS R.	NAME	
STREET ADDRESS	2040 NW 67TH PL	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINI, G. T.	NAME	
STREET ADDRESS	2040 NW 67TH PL	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINI, G.T.	NAME	
STREET ADDRESS	2040 NW 67TH PL	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, RONALD A	NAME	
STREET ADDRESS	5608 NW 43RD ST	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINI, G T	NAME	
STREET ADDRESS	5608 NW 43RD ST	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: S. MALLINI REGISTERED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 352 376 4939
Date Daytime Phone #

CR2E034 (10/02)