2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000010706 **DOCUMENT #**

1. Entity Name

SOUTHSHORE SECURITIES COMPANY, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90204 027 ***150.00

| Zip Country Zip Country 5. Certificate of Status Desired S.8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accented the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD HENRY, BRUCE J HENRY HENR | 11045 TAMIA | ce of Business MI TRAIL RAL SPRINGS FL 34287 | Mailing Addre 11045 TAMIAN WARM MINER | | 87 | , | | | |
|--|------------------------|--|---|---|--|--|---------------------------------|-----------------|---|
| City & State Country | 2. Principal I | Place of Business | 3. Mailing Add | ress | | | | | H LEKE E KK L ee |
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| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 acceptable of the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be, \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HENRY, BRUCE J HOME SIREET ADDRESS GITY-ST-ZIP HENRY, BRUCE J HOME SIREET ADDRESS GITY-ST-ZIP HENRY, BRUCE J HOME SIREET ADDRESS GITY-ST-ZIP HENRY, BRUCE J HOME MAME SIREET ADDRESS GITY-ST-ZIP HENRY MINIERAL SPRINGS FL 34287 GITY-ST-ZIP HOME STREET ADDRESS GITY- | City & Sta | te | City & State | ity & State | | 007/9/90 14 | | | · · · · · · · · · · · · · · · · · · · |
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| Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP WARM MINERAL SPRINGS FL 34287 CITY-ST-ZIP TITLE SVD LOTH, NEAL J 11045 TAMIAMI TRAIL WARM MINERAL SPRINGS FL 34287 CITY-ST-ZIP WARM MINERAL SPRINGS FL 34287 | | | | | Name | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. SIGNATURE Signature Signatu | 343 ALMERIA AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SIGNATURE Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Date Signature. typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) Date Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature required when reinstating) Signature. typed or printed name of registered Agent signature | 0 Th. 1 | | | |] ' | | | L ' | |
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| INC. | NAME STREET ADDRESS | LOTH, NEAL J 11045 TAMIAMI TRAIL | | NAME STREE | ET ADORESS | , | | ☐ Change | Addition |
| NAME | 1 | | | elete TITLE | | | | ☐ Change | ☐ Addition |

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.

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