

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028597

1. Entity Name
DEEP SOUTH MINING, INC.



FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90067 049 ***550.00

0514030 AV

Principal Place of Business
10230 BAYSHORE RD.
NORTH FT. MYERS FL 33917

Mailing Address
4461 A HANCOCK BRIDGE PKWY
N. FORT MYERS FL 33903



2. Principal Place of Business
2901 BURNETT STORE RD

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL

City & State

4. FEI Number 65-0994064

Applied For
Not Applicable

Zip
33943

Country
LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRUZZELLI, JOE
4819 S.W. 5TH PLACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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

TITLE PD
NAME PETRUZZELLI, JOE
STREET ADDRESS 4819 S.W. 5TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE VD
NAME CLARY, JEFFREY
STREET ADDRESS 4461-A HANCOCK BRIDGE PKWY
CITY-ST-ZIP N. FT. MYERS FL 33990 ☐ Delete

TITLE SD
NAME CREWS, DONALD
STREET ADDRESS 10230 BAYSHORE RD.
CITY-ST-ZIP NORTH FT. MYERS FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)