FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

		.33 NEFUN	1 (UB	n)	, '\	Socrati	oww.of	f Stata	
DOCUMENT #POOOO68217					Secretary of State 05-01-2002 91521 021 ***150.00				
1. Entity Name Southern U.S. Enterprises, Inc.						05-01-2002	91521 021	***150.00	
				, ,					
•					,				
DO NOT WRITE IN THIS SPACE									
ě	<u>.</u>								
2. Principal Place of Business 5/23 - 14 STREET WEST 5/23 - 14 5				سرسيد دار	‡				
Suite, Apt. #, etc. Suite, Apt. #, etc.			SIREE	T WEST	1	20.1107.110			
		John, Apt. #, Ctc.				DO NOT WRI	TE IN THIS SP	ACE	
POAK	ENTON, FL	City & State	. 5	· · · · · · · · · · · · · · · · · · ·	4. FELNumb	er (0 2 //	030	Applied For	
Zip	Country	BRADENION	Country	<u> </u>	63.	1024		Not Applicable	
3420	7 MANATEG	34207	MAN	ATER	5. Certificate	of Status Desired		3.75 Additional e Required	
					7. Name and A	ddress of Current	Registered A	gent	
DO NOT WOITE						. Burg	ain		
DO NOT WRITE -Street Andress					P.O. Box Numbe	er is Not Acceptable		<u> </u>	
IN THIS SPACE				1	<u>הוי כ</u>	10116	T VO	= -	
				ity D co.				7-0	
				<u> </u>	ten to	<u>></u>	FL	7in Code 34207	
8. The above	e named entity submits this statement for	the purpose of changing its	s registered o	ffice or register	ed agent, or bot	n, in the State of Flo	orida.		
SIGNATURE	PEGGU W. RUROIN	Tona	~ m	Burei	~\)		4-19	-03	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable.	Registered Age	ent signature regured	when reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00									
Tax filing requirement and elects to do so. After May 1 (See criteria on back) Amended						ction Campaign Fin st Fund Contribution		\$5.00 May Be Added to Fees	
		Make Check Payal	ole to Depa	rtment of Stat	е	x rand Commission		Added to rees	
TITLE	Pres. OFFICERS AND D		TITLE		· · · · · · · · · · · · · · · · · · ·				
NAME	E Joseph K. Burgin isk.								
STREET ADDRESS \$123 14th Street West			STREET AD	DRESS					
CITY-ST-ZIP	Bradenton, FL 3	4307	CITY-ST-2	CIP					
TITLE NAME	PERRILLIA BUCO	^	TITLE NAME						
STREET ADDRESS	Peggy W. Burgin ADDRESS 5123 14th Street West			DRESS	ss				
CITY-ST-ZIP	T-ZIP Bradenton			IP					
TITLE	N P	<u> </u>	TITLE					<u> </u>	
NAME							•		
STREET ADDRESS CITY-ST-ZIP	ETADDRESS 5123 14th Street West -ST-ZIP Bradenton, FL 34207			ST-ZIP DO NOT WRITE					
TITLE	bidgen fon, PC	1 0840	CITY-ST-Z	IP					
NAME			TITLE NAME		IN	THIS S	SPACI		
STREET ADDRESS		•	STREET AD	DRESS				_	
CITY-ST-ZIP			CITY-ST-Z	Р					
TITLE			TITLE						
NAME STREET ADDRESS			NAME SIDSET ADD	aprec .			••		
CITY-ST-ZIP			STREET ADD	1		ÿ		e e	
TITLE		-	TITLE	-					
NAME			NAME			•			
STREET ADDRESS			STREET ADD	1					
CITY-ST-ZIP			CITY-ST-ZI						
 I nereby c indicated 	ertify that the information supplied with the	is filing does not qualify for	the exemption	n stated in Sect	tion 119.07(3)(i)	Florida Statutes. I	further certify the	nat the information	

13. Thereby 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cassandra B. Hodgens Cassandra B. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR

941-758