

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

DOCUMENT # **P01000026443**

1. Entity Name

Southern Bucks Incorporated

02 SEP 13 PM 11:01

DO NOT WRITE IN THIS SPACE

80136892

2. Principal Place of Business
10328 Ibis Reserve Cir
Suite, Apt. #, etc.

3. Mailing Address
10328 Ibis Reserve Cir
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WPB, FL

City & State
West Palm Beach FL

4. FEI Number
15-1094681

Applied For
☐ Not Applicable

Zip
33412

Country
USA

Zip
33412

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Kelli McGarraugh**

Street Address (P.O. Box Number is Not Acceptable)
10328 Ibis Reserve Cir

City **WPB, FL**

State **FL**

Zip Code **33412**

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.

SIGNATURE

Kelli McGarraugh

Signature (print or printed name of registered agent and not applicable)

(NOTE: The registered agent signature required when filing this statement)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☐ (See criteria on back)

January 1 - May 15 Fee is \$150.00
After May 15 Fee is \$250.00
Attended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jason T. McGarraugh
STREET ADDRESS	10328 Ibis Reserve Circle
CITY-STATE-ZIP	WPB, FL 33412
TITLE	V President / Treasurer
NAME	Kelli McGarraugh
STREET ADDRESS	10328 Ibis Reserve Cir
CITY-STATE-ZIP	WPB, FL 33412
TITLE	Secretary
NAME	Elaine McGarraugh
STREET ADDRESS	11521 Timberbrook Dr
CITY-STATE-ZIP	Waldorf, MD 20601
TITLE	
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(3)(g), 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:

Kelli McGarraugh **Kelli McGarraugh**

Aug 1, 2002 561-379-1812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

9/13/02