


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90165 037 ***150.00

DOCUMENT # PO1000071841 ✓

1. Entity Name
Southern Utilities, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3105 SE 19th Ave

3. Mailing Address
Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral F

City & State

4. FEI Number
65-1123818

Applied For
 Not Applicable

Zip
33904

Country

Zip
Country

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
Angel Michael R.

Street Address (P.O. Box Number is Not Acceptable)
3105 SE 19th Ave

City
Cape Coral FL Zip Code
33904

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P Michael R. Angel
3105 SE 19th Ave
Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. Holly J. Angel
3105 SE 19th Ave
Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPE OR PRINTED
Client's CPA

Gordon H. Zink, C.P.A.
3949 Evans Ave. #104
Fort Myers, FL 33901

4-28-03 239-574-2743
Date Daytime Phone #

CR2E034B (12/02)