

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90177 019 ***150.00

DOCUMENT # P02000049627

1. Entity Name
SOUTHERN FINANCIAL CORPORATION



Principal Place of Business
2309 49TH ST. SOUTH
GULFPORT FL 33707

Mailing Address
2309 49TH ST. SOUTH
GULFPORT FL 33707

2. Principal Place of Business

3. Mailing Address

5337 Central Ave.

5337 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg

City & State
St. Petersburg

4. FEI Number
030443627

Applied For
Not Applicable

Zip
33710

Country
Pineillas

Zip
33710

Country
Pineillas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAVE, DANA A
4906 SUNRISE DR. SOUTH
ST. PETE FL 33705

Name
PATRICK M. O'Connor

Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Rd. Suite 160

City
Clearwater

FL

Zip Code
33764

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
PATRICK M. O'Connor

4/15/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
Director ☐ Delete
NAME
DANA McCall
STREET ADDRESS
5337 Central Ave
CITY-ST-ZIP
St. Petersburg FL 33710

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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

4/15/03 **727-328 8100**

Date

Daytime Phone #

CR2E034 (10/02)