2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000114495

DOCUMENT #

1. Entity Name 205 SOUTHERN CORPORATION

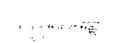


Principal Place of Business 205 SOUTHERN BLVD. WEST PALM BEACH FL 33401 Mailing Address 205 SOUTHERN BLVD. WEST PALM BEACH FL 33401

	_				
2. Principal Place of Business			3. Mailing Addres		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	•	Country	Zip	Country	
	6. Na	me and Address of Cu	irrent Registered Agent		

May 05, 2003 8:00 am g Secretary of State

05-05-2003 90312 004 ***150.00



FEI Number 1/595/5



☐ CHECK HERE IF MAKING CHANGES

					Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$9.75 Additional			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
BROBERG, PETER S 223 PERUVIAN AVE.			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH F	L 33480							
			City		Zin 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State	rust runa Contribution.	_ Auded	io rees					
10. OFFICERS AND DIRECTORS		11. AD	DITIONS/CHANGES TO OFFICERS ANI	DIRECTORS	IN 11			
TITLE PSTD NAME LARKIE, JO STREET AGRESS CITY-ST-ZIP WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
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2. 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 the legal empowered.

SIGNATURE: