

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

DOCUMENT # **P0200017322**

1. Entity Name **SOUTHERN CONTRACTING OF AMERICA, INC.**

03 JUL -9 PM 7:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100021999161
08/04/03--01006--015 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2009 W. RANDOLPH CIR

Suite, Apt. #, etc.

3. Mailing Address
2009 W. RANDOLPH CIR

Suite, Apt. #, etc.

2003 AMENDED

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

4. FEI Number
14-1854090

Applied For
Not Applicable

Zip
32308

Country
USA

Zip
32308

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 **DEBBI G. DAVIS**

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

1736 RAY ROAD

City **TALLAHASSEE**

FL

Zip Code
32303

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



DEBBI G. DAVIS

7-10-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended 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 NAME STREET ADDRESS CITY-ST-ZIP	VP MARK D. REPASKY 2009 W. RANDOLPH DR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREG HARRIS 8309 ELAN DR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAN DRIGGERS 2601 COLLEGE AVE EAST RUSKIN FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD DOEHRING 2009 W. RANDOLPH CIR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEBBI G. DAVIS 1736 RAY ROAD TALLAHASSEE FL 32303
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**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBBI G. DAVIS

7-10-03

Date

850 528 0701

Daytime Phone #

CR2F034R (12/01)