

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90070 025 ***550.00

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DOCUMENT # P02000121648

1. Entity Name
US / SOUTHERN SERVICES, INC.



Principal Place of Business
**8771 MARLEE ROAD
JACKSONVILLE FL 32244**

Mailing Address
**P.O. BOX 7804
JACKSONVILLE FL 32238**



2. Principal Place of Business
1717 Blanding Blvd. PO Box 7588

3. Mailing Address

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
32-0041763

Applied For
Not Applicable

Zip
32210

Country
USA

Zip
32238

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAMPBELL, STEVEN I
7971 COPPERFIELD CIRCLE N
JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent

Name
Steven I. Campbell
Street Address (P.O. Box Number is Not Acceptable)
8771 Marlee Rd.
City
Jacksonville FL Zip Code
32244

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAMPBELL, STEVEN I
7971 COPPERFIELD CIRCLE N
JACKSONVILLE FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P+S
Steven I. Campbell
8771 Marlee Rd.
Jacksonville, FL 32244** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CAMPBELL, CHRISTOPHER A
1503 CHARON ROAD
JACKSONVILLE FL 32205** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

8-26-03

Date

Daytime Phone #

CR2E034 (4/03)