

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90330 033 \*\*\*150.00

**DOCUMENT # P22151**

**1. Entity Name**  
**INDUSCO SOUTH, INC.**



**Principal Place of Business**

**429 TALLEYRAND AVE.**  
**JACKSONVILLE FL 32202-1120**

**Mailing Address**

**C/O STEPHEN A. HOULD**  
**444 THIRD ST.**  
**NEPTUNE BEACH FL 32266**

**2. Principal Place of Business**

**1200 W. HAMBURG ST.**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**BALTIMORE MD**

**City & State**

**Zip**

**21230**

**Country**

**U.S.**

**Country**

**4. FEI Number**

**59-2921119**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

60011317



**6. Name and Address of Current Registered Agent**

**HOULD, STEPHEN A**  
**444 THIRD STREET**  
**NEPTUNE BEACH FL 32266**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip 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.

(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  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROSENBLATT, HOWARD</b>	
<b>STREET ADDRESS</b>	<b>1200 W. HAMBURG STREET</b>	
<b>CITY-ST-ZIP</b>	<b>BALTIMORE MD</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HORN, EMANUEL</b>	
<b>STREET ADDRESS</b>	<b>1200 W. HAMBURG STREET</b>	
<b>CITY-ST-ZIP</b>	<b>BALTIMORE MD</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DUFRENE, OTIS</b>	
<b>STREET ADDRESS</b>	<b>1200 W. HAMBURG STREET</b>	
<b>CITY-ST-ZIP</b>	<b>BALTIMORE MD</b>	
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SCHLOSS, HOWARD</b>	
<b>STREET ADDRESS</b>	<b>1200 W HAMBURG ST</b>	
<b>CITY-ST-ZIP</b>	<b>BALTIMORE MD</b>	
<b>TITLE</b>	<b>VTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SINGER, PAUL N</b>	
<b>STREET ADDRESS</b>	<b>1200 W HAMBURG ST</b>	
<b>CITY-ST-ZIP</b>	<b>BALTIMORE MD</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WEST-MCGEE, TERESA</b>	
<b>STREET ADDRESS</b>	<b>429 TALLEYRAND AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32202</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

4428316357

Daytime Phone #

CR2E034 (10/02)