

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90223 024 \*\*\*150.00

**DOCUMENT # P93000083393**

1. Entity Name  
**SOUTHERN STYLE CONSTRUCTION, INC.**



Principal Place of Business  
**170 LYMAN RD  
STE 120  
CASSELBERRY FL 32707**

Mailing Address  
**170 LYMAN RD  
STE 120  
CASSELBERRY FL 32707**



2. Principal Place of Business  
**180 Lyman Road**

3. Mailing Address  
**180 Lyman Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 100**

**Ste 100**

City & State

City & State

**Casselberry**

**Casselberry**

Zip

Country

Zip

Country

**32707**

**USA**

**32707**

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3212753**

Applied For  
Not Applicable

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**

**HOUSE, CURTIS A.  
170 LYMAN RD STE 120  
CASSELBERRY FL 32707**

Name **Curtis House**  
Street Address (P.O. Box Number is Not Acceptable)  
**180 Lyman Road Ste 100**

City **Casselberry** **FL** Zip Code **32707**

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 **Curtis A House**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/28/03**  
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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>NEWSOME, HARVEY G JR. 170 LYMAN RD STE 120 CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>AKINS, FRANK 621 S LAKEWOOD AVE OCOE FL 32461</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BROWN, DAVID 320 W PALMETTO AVE DELAND FL 32720</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>HOUSE, CURTIS A 170 LYMAN RD STE 120 CASSELBERRY FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>180 Lyman Road #100</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>180 Lyman Road #100</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

**3/28/03**  
Date

Daytime Phone #

CR2E034 (10/02)