2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90025 014 ***150.00

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DOCUMENT # P94000005490

1. Entity Name
SOUTHLAND HOMES CORP.

Principal Place of Business	Mailing Address
36 S. US HWY 17-92	36 S. US HWY 17-92
STE 102	STE 102
DEBARY FL 32713	DEBARY FL 32713
US	US

2. Principal Place of Business	3. Mailing Address
27 S. US Hwy. 17-92	27 S. US Hwy. 17-92
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2
City & State DeBary FL	City & State DeBary FL
Zip 32713 Country USA	Zip 32713 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3366242 ☐ 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
HAGOOD, RAY E	Name
685 MERGERS FERNERY RD	Street Address (P.O. Box Number is Not Acceptable)
DELAND FL 32720	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAGOOD, RAY E		NAME	
STREET ADDRESS	685 MERCERS FERNERY RD		STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAGOOD, RITA L		NAME	
STREET ADDRESS	685 MERCERS FERNERY RD		STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] 01-24-2003 386-668-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)