

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90257 010 ***150.00

DOCUMENT # P94000036491

1. Entity Name

SOUTHERN HOME BUILDERS, INC.



Principal Place of Business

1064 NW 53RD ST

FORT LAUDERDALE FL 33309

US

Mailing Address

660 NE 56TH COURT

FT LAUDERDALE FL 33334

US

90002691



2. Principal Place of Business

7667 W. Sample Rd.

3. Mailing Address

Suite, Apt. #, etc.

#188

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33065

Country

USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0489701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTY, MICHAEL A

4224 NW 67TH WAY

CORAL SPRINGS FL 33067

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]* **President**

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

(NOTE: Registered Agent signature required when reinstating)

1-13-03

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 **SDV**
NAME **GORDON, JAMES W**
STREET ADDRESS **660 NE 56TH COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **DP**
NAME **MCCARTY, MICHAEL A**
STREET ADDRESS **4224 NW 67TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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☐ Addition

CR2E034 (10/02)

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]* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 954-776-1667

Date

Daytime Phone #