

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90058 010 ***150.00

DOCUMENT # P94000077942
1. Entity Name
Provincial South, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
750 N.E. 45 St.
Suite, Apt. #, etc.

3. Mailing Address
750 N.E. 45 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Oakland Park, FL *Oakland Park, FL*

4. FEI Number
650531905 Applied For
Not Applicable

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

Zip *33334* Country *USA* Zip *33334* Country *USA*

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *DARRICK J. GOCKERELL*

Street Address (P.O. Box Number is Not Acceptable)
750 N.E. 45 Street

City *Oakland Park* FL Zip Code *33334*

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	<i>DP</i>	TITLE	
NAME	<i>Gockerell, Darrick J.</i>	NAME	
STREET ADDRESS	<i>750 NE 45 St.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Oakland Park, FL 33334</i>	CITY-ST-ZIP	
TITLE	<i>ST</i>	TITLE	
NAME	<i>Gockerell, Dina N.</i>	NAME	
STREET ADDRESS	<i>750 NE 45 St.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Oakland Park, FL 33334</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowers.

SIGNATURE: *[Signature]* 4/10/02 954-791-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # P94000077942 / 046291

Can You Please Send
Pre-Printed Form
Next Year.

Thanks.

wp