

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 020 ***150.00

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DOCUMENT # P95000059150

1. Entity Name
SOUTHERN ASSOCIATED SERVICES, INC.



Principal Place of Business
**PO BOX 030321
FT LAUDERDALE FL 33303-0301
US**

Mailing Address
**P.O. BOX 030321
FT. LAUDERDALE FL 33303-0321
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0618943**

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

**BRUCE, STEVEN F
1888 N.W. 7TH STREET
MIAMI FL 33125**

Name
BRUCE, STEVEN F (NO CHANGE TO NAME)
Street Address (P.O. Box Number is Not Acceptable)
3350 SW 3RD AVE, #12 ADDRESS ONLY
City **FORT LAUDERDALE FL** Zip Code **33315**

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 **P** ☐ Delete
NAME **BRUCE, STEVEN F**
STREET ADDRESS **1888 N.W. 7TH STREET**
CITY-ST-ZIP **MIAMI FL**

☒ Change ☐ Addition
NAME **BRUCE, STEVEN F**
STREET ADDRESS **3350 SW 3RD AVE, #12 (ADDRESS ONLY)**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN F. BRUCE 4/14/03 954-40-9155
Date Daytime Phone #

CR2E034 (10/02)