

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90183 027 \*\*\*150.00

**DOCUMENT # P95000087393**

1. Entity Name  
**SOUTHERN MICRO, INC.**



Principal Place of Business  
**3314 LACEWOOD ROAD  
TAMPA FL 33618**

Mailing Address  
**PO BOX 273753  
TAMPA FL 33688**



2. Principal Place of Business

**2413 Bayshore Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1402**

City & State  
**Tampa, FL**

City & State

4. FEI Number **59-3351517**

Applied For  
Not Applicable

Zip Country  
**33629 USA**

Zip Country

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

**WILSON, DAVID L  
3314 LACEWOOD ROAD  
TAMPA FL 33618**

Name  
**Wilson, David L.**

Street Address (P.O. Box Number is Not Acceptable)  
**2413 Bayshore Blvd.**

**#1402**

City Zip Code  
**Tampa FL 33629**

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 \_\_\_\_\_ (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 ☐ Delete  
NAME **P DAVID L WILSON**  
STREET ADDRESS **3314 LACEWOOD RD**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **2413 Bayshore Blvd. #1402**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☐ Delete  
NAME **ST WILSON, MARY M**  
STREET ADDRESS **3314 LACEWOOD RD**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **2413 Bayshore Blvd. #1402**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **MARY M WILSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/03 813-276-2029**  
Date Daytime Phone # **X 7625**

CR2E034 (10/02)