2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

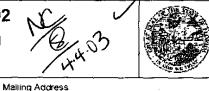
DOCUMENT # P97000007192

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name
SOUTHERN BUILDING CORPORATION



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90765 036 ***150.00

| 2178 CHAIRES CROSS ROAD Tallahassee, FL 32311 | | 2178 CHAIRES CROSS ROAD TALLAHASSEE, FL 32311 | | 1 | | | |
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| | به تسر د | | | | =6111 1 =46 1 Vers | . 1211s 1197 less | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| P-O. Box 17993 | | P.O. BEX 13993 | | | | i imile ismi ibei | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| City,& State | | City & State | | 4. FEI Number Applied For | | | |
| 79/19h0 | ````` | Tallahasse e | J- C | 59-3437637 | | t Applicable | |
| zip 3,23 / | Country USA | Zip 32317 | Country A | 5. Certificate of Status Desired | \$8,75 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| PADGETT, TIMOTHY D ESQ. 701 EAST TENNESSEE STREET | | | Name | Name | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| TALLAHAS | SEE, FL 32308 | | | | | | |
| | | | | | | | |
| | | | City | FI | Zip Code | e [| |
| 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 primed name of registered agent a | nut tide if applicable. (NOTE | : Registered Agents ignature requir | red when ministrating) DATE | <u> </u> | | |
| After | FILE NOWIII FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o | f State | | Election Campaign Financing Trust Fund Contribution. | | O May Be Ito Fees | |
| 10: | OFFICERS AND [| DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS | 5 IN 11 | |
| TITLE | D | ☐ Delete | TILLE | | 🗌 Change | Addition | |
| NAMÉ STREET ADDRESS | NASH, JAMES NOEL III POST OFFICE BOX 13993 N/A | | NAME STREET ADDRESS | | | } | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32317 | • | CITY-ST-21P | | | | |
| TITLE | | ☐ Delete | TITLE . | - | ☐ Change | ☐ Addition | |
| NAME | | • | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | ŀ | |
| CITY-ST-2P | | | CITY-ST-ZIP | | [7] Observe | - Addition | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | Change | Addition | |
| STREET ADDRESS | | • | STREET ADDRESS | | | ŀ | |
| CITY-ST-2P | | | City-st-21P | <u> </u> | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition | |
| NAME | | | NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS COY-ST-2IP | | | | |
| | | ☐ Delete | | | □ Chama | Addition | |
| TITLE NAME | | L Describ | TITLE NAME | | ☐ Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CMY-ST-ZIP | | | | |
| TITLE | | Delete | TITLE . | | Change | Addition | |
| NAME | | • | NAME | | | [| |
| STREET ADDRESS | ` | | STREET ADDRESS | | | | |
| CITY-ST-ZP | | | CNY-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), Fiorida 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 attachyrent with an address, with all other like empowered. | | | | | | | |