

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061196

1. Entity Name

SOUTHERN RESOURCE SERVICES, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90171 048 ***150.00

Principal Place of Business

Mailing Address

17505 S. TAMPA TRAIL, SUITE 202
FORT MYERS, FL 33908

17505 S. TAMPA TRAIL, SUITE 202
FORT MYERS, FL 33908

D U U U U U U U

2. Principal Place of Business

3. Mailing Address

10060 AMBERWOOD RD
Suite, Apt. #, etc. # 3

10060 AMBERWOOD RD
Suite, Apt. #, etc. # 3

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33913

County
LEE

Zip

33913

Country
LEE

4. FEI Number

59-3520606

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

SARVER, REBECCA
9233 PINEAPPLE RD
FORT MYERS FL 33912

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be 3550.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11/2001
12/2001

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TACKETT, JAMES E 2052 CRESTVIEW WAY NAPLES FL 34113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT L SARVER II 9233 PINEAPPLE RD FT. MYERS FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SARVER, ROBERT L II 9233 PINEAPPLE RD FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID SMITH 18225 RICCARDO RD, FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SARVER, REBECCA 9233 PINEAPPLE RD FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 Robert L. Sarver II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

941-415-110

Date

Daytime Phone #