

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90471 025 ***150.00

DOCUMENT # P98000061196

1. Entity Name
SOUTHERN RESOURCE SERVICES, INC.



Principal Place of Business
10000 AMBERWOOD RD #3
FORT MYERS FL 33913

Mailing Address
10000 AMBERWOOD RD #3
FORT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

11691 GATEWAY BLVD

11691 GATEWAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

City & State

FORT MYERS FL

FORT MYERS FL

Zip

Country

Zip

Country

33913

USA

33913

USA

6. Name and Address of Current Registered Agent

4. FEI Number **59-3520606**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

SARVER, REBECCA
9233 PINEAPPLE RD
FORT MYERS FL 33912

Name

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

City

FL

Zip Code

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 NAME	PD SARVER, ROBERT L II	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9233 PINEAPPLE RD FORT MYERS FL 33912	
TITLE NAME	ST SARVER, REBECCA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9233 PINEAPPLE RD FORT MYERS FL 33912	
TITLE NAME	VP SMITH, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	18225 RICCARDO RD FORT MYERS FL 33912	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L SARVER II 2/17/03 239-415-1110

Date

Daytime Phone #