2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000061196

1. Entity Name

SOUTHERN RESOURCE SERVICES, INC.



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

03-03-2003 90471 025 ***150.00

Supplementary State State Supplementary Supplementar	Principal Plac 10000-AMBER -FORT-MYERS	ce of Business RWOOD RD #3 5 Ft. 89913	Mailing Address 1 000 AMBERWOOD RD FORT MYERS FL 33913	#3				
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SARVER, REBECCA 9233 PINEAPPLE RD FORT MYERS FL 33912 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familier with the chigations of registered agent and stee if applicable. **NGNATURE** **Signame, speed or pirraed name of registered agent and stee if applicable. **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Cheek** **PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 **Make Supplied Agent will death resistance of registered agent on the form in the familiar with the resistance of registered agent on the familiar with the resistance of registered agent on the familiar with the resistance of registered agent on the familiar with the resistance of registered agent on the familiar with the state of Florida. I am	339	13 USA	33913	Country A	5.	Certificate of Status Desired	\$8.75	Additional
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E. 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 the obligations of registered agent. Signature, typed or printed name of registered agent and life if applicable. RILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	9233 PINE	APPLE RD						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with cobligations of registered agent. Stignature. Speed or printed name of registered agent and site if applicable. Signature, speed or printed name of registered agent and site 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 10. OFFICERS AND DIRECTORS TITLE SARVER, ROBERT L II MAME SARVER, ROBERT L II NAME SARVER, ROBERT L II NAME STREET ADDRESS DIV-ST-2IP FORT MYERS FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2IP FORT MYERS FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	FORT MYE	:HS FL 33912		Cib				
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Liturber certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii).	EET ADDRESS -ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Age of the second		☐ Change	Addition

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 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-415-1110