

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-03-2003 90471 027 ***150.00

DOCUMENT # P98000065726

1. Entity Name

SOUTHERN RESOURCE SERVICES, 02 INC.



Principal Place of Business

10000 AMBERWOOD RD

#9

FORT MYERS FL 33913

Mailing Address

10000 AMBERWOOD RD

#9

FORT MYERS FL 33913

2. Principal Place of Business

11691 GATEWAY BLVD

Suite, Apt. #, etc.

#104

3. Mailing Address

11691 GATEWAY BLVD

Suite, Apt. #, etc.

#104

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33913

Country

USA

Zip

33913

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3538157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SARVER, REBECCA

9233 PINEAPPLE RD

FORT MYERS FL 33912

7. Name and Address of New Registered Agent

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

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:

Robert L Sarver II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/03 239-415-1110

CR2E034 (10/02)