

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 0000 21442.

1. Entity Name

SOUTHERN BUILDING SERVICES, INC.

Principal Place of Business

Mailing Address

205 W. LAKEVIEW AVE.

WINTER PARK, FLORIDA 34787

2. Principal Place of Business

617 GLENVIEW DRIVE

3. Mailing Address

P.O. Box 771046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FLORIDA

City & State

WINTER GARDEN, FLORIDA

4. FEI Number

59-3562414

☒ Applied For
☐ Not Applicable

Zip

34787

Country

USA

Zip

34777-1046

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERIC S. MASHBURN
102 E. MAPLE STREET
WINTER GARDEN, FLORIDA 34787

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.

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, 2000 Fee will be \$550.00
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

TITLE V.P.
NAME CALHOUN WAYMOND
STREET ADDRESS 205 W. LAKEVIEW AVE.
CITY-ST-ZIP WINTER PARK, FLORIDA 34787

☒ Delete

TITLE PRESIDENT
NAME JEFFREY L. SHERRON
STREET ADDRESS 617 GLENVIEW DRIVE
CITY-ST-ZIP WINTER GARDEN, FLORIDA 34787

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

4/20/2000 407-877-1108

CR2E034 (9/99)