

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90173 016 \*\*\*158.75

DOCUMENT # P99000021442

1. Entity Name

SOUTHERN BUILDING SERVICES, INC.



Principal Place of Business

617 GLENVIEW DRIVE

WINTER PARK FL 34787

Winter Garden, FL 34787

Mailing Address

PO BOX 771046

WINTER GARDEN FL 34777-1046

2. Principal Place of Business

617 GLENVIEW DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN

City & State

WINTER GARDEN

4. FEI Number

59-3562414

Applied For

Not Applicable

Zip

1-FLORIDA

Country

ORANGE

Zip

34787

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASHBURN, ERIC S

102 E. MAPLE ST.

WINTER GARDEN FL 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. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SHERRON, JEFFREY L	617 GLENVIEW DRIVE	WINTER GARDEN FL 34787				
VP	SHERRON, BRIAN C	617 GLENVIEW DRIVE	WINTER GARDEN FL 34787				
T	SHERRON, CHRISTINE M	617 GLENVIEW DRIVE	WINTER GARDEN FL 34787				
S	SHERRON, LOARRIELE Gabrielle	617 GLENVIEW DRIVE	WINTER GARDEN FL 34787				

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 REQUIRED

Date

Daytime Phone #

407-877-1108  
1-20-02 407-877-2089

CR2E034 (10/02)