

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90195 010 ***150.00

DOCUMENT # P99000039915

1. Entity Name
SOUTHERN ARCHITECTURAL SERVICES, INC.

Principal Place of Business 4152 WEST BLUE HERON BLVD., SUITE 114 STE1114 RIVIERA BEACH FL 33404	Mailing Address 4152 WEST BLUE HERON BLVD., SUITE 114 STE1114 RIVIERA BEACH FL 33404
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933799



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0967476		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BERRY, G RAYMOND 4152 W BLUE HERON BLVD SUITE 1114 RIVIERA BEACH FL 33404				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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME TRIMBLE, DAVID L STREET ADDRESS 4152 WEST BLUE HERON BLVD., SUITE 114 CITY-ST-ZIP RIVIERA BEACH FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME JAUDON, FREDERICK W STREET ADDRESS 4152 WEST BLUE HERON BLVD., SUITE 114 CITY-ST-ZIP RIVIERA BEACH FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME BLOUNT, GLEN DR. STREET ADDRESS 4152 WEST BLUE HERON BLVD., SUITE 114 CITY-ST-ZIP RIVIERA BEACH FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME BERRY, G. RAYMOND STREET ADDRESS 4152 WEST BLUE HERON BLVD., SUITE 114 CITY-ST-ZIP RIVIERA BEACH FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Glen Blount* **3-15-02** **561**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)