

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90347 042 ***150.00

DOCUMENT # P99000050076

1. Entity Name
INDUSTRIAL SOUTHERN CORPORATION



Principal Place of Business
P.O. BOX 0506
NEW SMYRNA BEACH FL 32170

Mailing Address
P.O. BOX 0506
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business
137 COCHISE COURT
Suite, Apt. #, etc.

3. Mailing Address
137 COCHISE COURT
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PALM COAST, FL
Zip
32137
Country
U.S.A.

City & State
PALM COAST, FL
Zip
32137
Country
U.S.A.

4. FEI Number 59-3577588

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VORNDRAN, CHRIS J
25 OLD POST RD.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
VORNDRAN, CHRIS J.
Street Address (P.O. Box Number is Not Acceptable)
137 COCHISE COURT
City
PALM COAST FL Zip Code
32137

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 *Chris J. Vorndran*
Signature, typed or printed name of registered agent and title if applicable.

CHRIS J. VORNDRAN

1/10/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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	P VORNDRAN, CHRIS J 25 OLD POST RD LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VORNDRAN, CHRIS J 137 COCHISE COURT PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Chris J. Vorndran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS J. VORNDRAN 1/10/03 386-445-7360
Date Daytime Phone #

CR2E034 (10/02)