

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90096 034 ***150.00

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1. Entity Name

SOUTHERN UNDERGROUND SPECIALISTS, INC.



Principal Place of Business
13925 42ND ROAD N
ROYAL PALM BEACH FL 33411

Mailing Address
13925 42ND ROAD N
ROYAL PALM BEACH FL 33411



2. Principal Place of Business

NC
Florida & North Carolina
Suite, Apt. #, etc.

3. Mailing Address

NC
2894-Roby Martin Rd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

2894-Roby Martin Rd. Lenoir, NC

City & State

2894-Roby Martin Rd. Lenoir, North Carolina

4. FEI Number **65-0929055**

Applied For

Not Applicable

Zip

28645

Country

Caldwell

Zip

28645

Country

Caldwell

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, BRENT
504 ROYAL PALM BCH BLVD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name *CAROLYN A Sierk*
Street Address (P.O. Box Number is Not Acceptable)
304 Royal Palm Beach Blvd
City *Royal Palm Beach FL* Zip Code *33411*

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 *Carolyn A Sierk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *2/7/03*

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

TITLE **D** ☐ Delete
NAME **BROWN, BRENT**
STREET ADDRESS **504 ROYAL PALM BCH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME *Brown, Brent*
STREET ADDRESS *2894-Roby Martin Rd.*
CITY-ST-ZIP *Lenoir, NC 28645*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2003 828-244-1146

CR2E034 (10/02)