2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 03, 2003 8:00 am Secretary of State P99000092983 DOCUMENT # 04-03-2003 90138 028 ***150.00 SOUTHERN INVESTORS ENTERPRISES, INC. Principal Place of Business Mailing Address 789 NORTH FERDON BLVD.. SUITE A1A PO BOX 65 CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3605411 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARD J MLYNARCZYK MLYNARCRZYK, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 5761 WILDWOOD RD 118 OLD SOUTH DRIVE CRESTVIEW FL 32539 City CRESTVIEW 8. The above named entity submits this statement for the purp stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 3-27-03 SIGNATURE aistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition DAVIS, MICHAEL S NAME NAME 645 ALYSHEBA DRIVE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-7IP CITY-ST-7IP *Addition TITLE ☐ Delete TITLE ☐ Change MLYNARCZYK, EDWARD J NAME NAME MLYNARCZYK, EDWARD J. 5761 WILDWOOD ROAD STREET ADDRESS STREET ADDRESS 118 OLD SOUTH DRIVE CRESTVIEW FL 32536 CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW, FL 32536 TITLE ☐ Delete TITLE ☐ Change ■ Addition LEWIS, GLENDALE K NAME NAME 1400 QUAIL RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 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

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

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Daytime Phone

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