

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007410

DOCUMENT # P99000110516

1. Entity Name

SOUTHERN COMMERCIAL CONSTRUCTION OF TAMPA, INC.

FILED

00 APR 25 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3130 WEST EUCLID AVE  
TAMPA FL 33629

3130 WEST EUCLID AVE  
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

P.O. Box 13402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33681

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNROE, W. BRADLEY  
239 EAST VIRGINIA STREET  
TALLAHASSEE FL

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

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

(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.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. Marvin Russell  
NAME  
STREET ADDRESS 3130 W. Euclid Ave  
CITY-ST-ZIP Tampa FL 33629

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP Keith Clark  
NAME  
STREET ADDRESS 3130 W. Euclid Ave  
CITY-ST-ZIP Tampa FL 33629

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200003236842-3  
-05/03/00-01063-016  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN D. RUSSELL PRES.

Date

Daytime Phone #

CR2E034 (9/99)