

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91371 024 ***150.00

DOCUMENT # P99000110516

1. Entity Name
SOUTHERN COMMERCIAL CONSTRUCTION OF TAMPA, INC.



Principal Place of Business
3130 WEST EUCLID AVE
TAMPA FL 33629

Mailing Address
P.O. BOX 13402
TAMPA FL 33681



2. Principal Place of Business

SAME AS ABOVE
Suite, Apt. #, etc.
3130 W. EUCLID AVE.
City & State
TAMPA FLA.

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.
P.O. BOX 13402
City & State
TAMPA FLA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3643888**

Applied For
Not Applicable

Zip
33629

Country
USA

Zip
33681

Country
USA

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

6. Name and Address of Current Registered Agent

DIMARCO, ROBERT F CPA
3444 EAST LAKE ROAD
STE. 412
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name
N/A
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE ☒ **P** ☐ Delete
NAME **RUSSELL, MARVIN**
STREET ADDRESS **3130 W. EUCLID AVENUE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ **V** ☐ Delete
NAME **CLARK, KEITH**
STREET ADDRESS **3130 W. EUCLID AVENUE**
CITY-ST-ZIP **TAMPA FL 33629**

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

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

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

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

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

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: *M. Russell* **SIGNATURE REQUIRED** *Marvin Russell* **813 - 9-25-03 831-3715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)