

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S42828**

1. Entity Name
NEW SOUTH INDUSTRIES, INC.



FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90227 048 ***550.00

0073610
AV

Principal Place of Business
**380 SEMORAN COMMERCE PLACE
SUITE C-306
APOPKA FL 32703**

Mailing Address
**380 SEMORAN COMMERCE PLACE
SUITE C-306
APOPKA FL 32703**



2. Principal Place of Business
4343 S. Ridgewood Ave

3. Mailing Address
4343 S. Ridgewood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Port Orange, FL

City & State
Port Orange, FL

Zip
32127

Country
USA

Zip
32127

Country
USA

4. FEI Number **59-3060756**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEISCHER, NANCY
147 ESSEX DR
LONGWOOD FL 32779**

Name
Nancy Fleischer

Street Address (P.O. Box Number is Not Acceptable)
4421 S. Atlantic Ave. unit A-2

City
Port Orange

FL

Zip Code
32127

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: *Nancy A. Fleischer*

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P

NAME
FLEISCHER, NANCY

STREET ADDRESS
147 ESSEX DR

CITY-ST-ZIP
LONGWOOD FL 32779

☐ Delete

TITLE
P

NAME
Fleischer, Nancy

STREET ADDRESS
4421 S. Atlantic Ave. unit A-2

CITY-ST-ZIP
Port Orange, FL 32127

☒ Change ☐ Addition

TITLE
VP

NAME
MICHAUD, LAWRENCE L

STREET ADDRESS
3004 FOXHILL CIRCLE #203

CITY-ST-ZIP
APOPKA FL 32703

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

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CITY-ST-ZIP

☐ Change ☐ 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: *Nancy A. Fleischer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-2003

Date

Daytime Phone #

CR2E034 (10/02)