2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2003 8:00 am Secretary of State

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1. Entity Name

SOUTHERN PROPERTIES & INVESTMENT, INC.



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Country Sylvan Country Sylvan Country Sylvan Country Sylvan Country Sylvan Status Desired Status Desi	Suite, Apt.	. #, etc.		Suite, A	ot. #, etc.		CHECK HERE IF MAKING CHANGES							
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent OYOCE, JERRY L. 204 N. MACDILL AVENUE TAMPA FL 33609 Cny FL TOPY TAMPA FL 33609 Cny FL Till E NOWN!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILL NAME STRET AURGES OTY-ST-2P TILE MAC STRET AURGES OTY-ST-2	City & Stat	te				4. FEI N	umber 59-3	103105						
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL	Zip	Country						5. Certifi	cate:of Status I	Desired				
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Curre	ent Registered A	gent			7. Name	and Address	of New Regi	stered Ag	ent		
Street Address (P.O. Box Number is Not Number is Number is Not Number is Number is Not Number is Not Number is Number is N		•					Name						}	
8. The above named entity Stylmiss this stategreat for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of ryd interest agent agent. SIGNATURE Signature System Prices of primate name of registered agent agent and price appet and price agent a			ENUE				Street Address	(P.O. Box Nu	P.O. Box Number is Not Acceptable)					
B. The above named only SiDmits this stated of 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 ST	TAMPA FI	L 33609												
SIGNATURE Signature Signa			- Allerton	1			City		- -	•	FL	Zip Code	Э	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above the obligat	named entit tions of regis	Submits this statement tered agent.	t for the purpose	of changing its	s registere	ed office or registe	ered agent, o	r both, in the S				and accept	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered as	gent and the if applicable	e. (NOT	E: Registered	d Agent signature requin	ed when reinstating	9)		4-30 DATE	103		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2IP TI	After	r May 1, 200	3 Fee will be \$550.6			-		9						
TITLE NAME PERRY, CARL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES			<u>-</u>			11.		ADDITIO	NS/CHANGES	S TO OFFICE	BS AND I	DIRECTORS	S IN 11	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREE CITY-	ET ADDRESS ST-ZIP							

2. I hereby certify that the information supplied with thig 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 of trustee empoyeded 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Carl Perry

86 4- 268-530 Daytime Phone #

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