

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2003 8:00 am**  
**Secretary of State**

07-08-2003 90025 049 \*\*\*150.00

**DOCUMENT # V10309**

1. Entity Name  
**SOUTHSIDE, INC.**



Principal Place of Business  
**ONE MONROEVILLE CENTER  
SUITE 900  
MONROEVILLE PA 15146  
US**

Mailing Address  
**ONE MONROEVILLE CENTER  
SUITE 900  
MONROEVILLE PA 15146  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0319656**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HCRM CORP.  
2200 CORPORATE BLVD NW  
SUITE 401  
BOCA RATON FL 33431**

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. 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 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** ☐ Delete  
NAME **DVORSKY, MICHAEL M.**  
STREET ADDRESS **ONE MONROEVILLE CENTER, SUITE 900**  
CITY-ST-ZIP **MONROEVILLE PA 15146**

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

TITLE **S** ☐ Delete  
NAME **SIMPSON, DEBORAH A**  
STREET ADDRESS **ONE MONROEVILLE CENTER, STE 900**  
CITY-ST-ZIP **MONROEVILLE PA 15146**

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

TITLE **VAST** ☐ Delete  
NAME **RINGHAM, WILLIAM O**  
STREET ADDRESS **ONE MONROEVILLE CENTER, SUITE 900**  
CITY-ST-ZIP **MONROEVILLE PA 15146**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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.

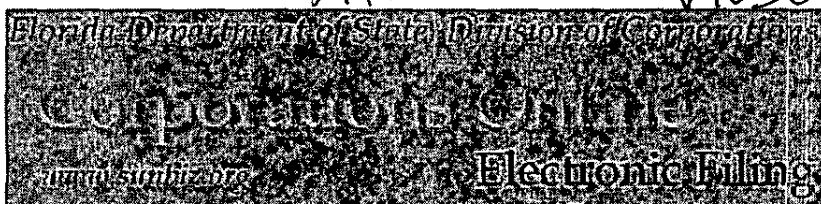
SIGNATURE:

*Deborah Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-03**  
Date

**412-372-1746**  
Daytime Phone #

Attachment

86129252  
V10309

## Online Payment System

PAYMENT RECEIPT	
Transaction Amount:	\$150.00
Email Address:	dsimpson@ringhamcorp.com
Date/Time Paid:	04/16/2003 16:26:55
Payment ID Number:	1085345
Reference Number:	400016130884
<p>Thank you for using the <b>LINK2GOV</b> Online Payment System. <b>Print this receipt for your records.</b></p> <p>You MUST select continue in order to receive your CONFIRMATION from the State.</p>	

Attachment 86129252  
V10309



## Division of Corporations

### Uniform Business Report

Document Number

**V10309**

Thank you for filing your UBR online. Your report filed date will be today's date if there are no processing errors.

Your confirmation number is **400016130884**.

Your charge amount is **150.00**.

The Division of Corporations is collecting email addresses for the entities that would be interested in participating in an electronic UBR notification. This notification would preclude the use of a mailed document. If you would like to participate, please follow the link below and set up your user profile.

UBR Email Notification Signup

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**Sunbiz Home Page**

**Public Access Help**