

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 28 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37527

1. Entity Name

Southern Printing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 Bomar Court

3. Mailing Address
same

Suite, Apt. #, etc.
#142

Suite, Apt. #, etc.

City & State
Longwood, Florida

City & State

Zip
32750

Country
USA

Zip

Country

4. FEI Number
593122723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Paula L. Cowart

Street Address (P.O. Box Number is Not Acceptable)

307 Birch Terrace

City Winter Springs

FL

Zip Code
32708

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Paula L. Cowart - President
307 Birch Terrace
Winter Springs, Florida 32708

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100008634711
10/28/02--0111--023 **\$61.25

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

[Handwritten Signature]

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

407-831-7884

Daytime Phone #

CR2E034B (12/01)