


**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
SOUTHSHIRE, 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0319656**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	DVORSKY, MICHAEL M.	
STREET ADDRESS	ONE MONROEVILLE CENTER, SUITE 900	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMPSON, DEBORAH A	
STREET ADDRESS	ONE MONROEVILLE CENTER, STE 900	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	RINGHAM, WILLIAM O	
STREET ADDRESS	ONE MONROEVILLE CENTER, SUITE 900	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

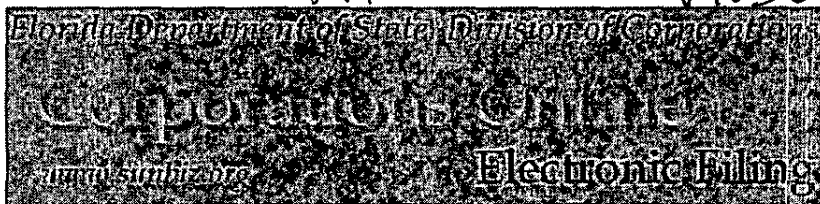
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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* **4.16.03** **412.372.1746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

85129252
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
Thank you for using the LINK 2 GOV Online Payment System. Print this receipt for your records.	
You MUST select continue in order to receive your CONFIRMATION from the State.	

Continue

Attachment 80129252
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.

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