


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90938 025 \*\*\*150.00

**DOCUMENT # 281420**

1. Entity Name  
**M & S SHOPPING CENTERS INC. OF FLORIDA**



Principal Place of Business  
**901 EAST BLVD  
CHARLOTTE NC 28203-5203  
US**

Mailing Address  
**901 EAST BLVD  
CHARLOTTE NC 28203-5203  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

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

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**PENSON, ALBERT C  
2810 REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308**

4. FEI Number **56-0845644**  
Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	MEISELMAN, CARTER D	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28203-5203	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROYSTER, GEORGE A	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28203-5203	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEWART, JAMES I	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28203-5203	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROYSTER, GEORGE A	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28203-5203	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSTON, L.A.	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28203-5203	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD, PAUL E	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28203-5203	

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	
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	
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: *Paul E Lloyd* **2/19/03** **704 414 2317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **704 414 2318**  
Date Daytime Phone #

CR2E034 (10/02)