

9/12/01-90027-021-\$558.75-\$558.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000369

1. Entity Name
SYNOVUS SECURITIES, INC.

Principal Place of Business: **1234 FIRST AVE COLUMBUS GA 31901**

Mailing Address: **P.O. BOX 2628 COLUMBUS GA 31902 US**

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

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

4. FEI Number: **58-1625031**

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

FILED

01 OCT 25 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent: **LANGHORNE, JOHN - SCAMFACHER, SCOTT 400 W. GARDEN ST PENSACOLA FL 32501**

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.

SIGNATURE: *[Signature]* DATE: **10/1/01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PC NAME: PERKINS, WILLIAM G STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: C/D NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SEXTON, G. LEN III STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SHINKLE, JOHN A STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: NAME: LS STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WALDEN, JOHN W STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MALLARD, A D STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: P/D NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: WHIPPLE, PATRICIA L STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if

[Signature] **9/7/01** **706-644-9214**

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CR01034 (5/01)