


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90310 016 \*\*\*150.00

0645704 AT

<b>DOCUMENT #</b> P97000106349	
1. Entity Name MCS INVESTMENTS GENERAL PARTNER, INC.	

Principal Place of Business 165 N. BELTLINE HWY MOBILE AL 36608	Mailing Address 165 N. BELTLINE HWY MOBILE AL 36608
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number <b>63-1189875</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BLUE, ROB JR**  
**221 MCKENZIE AVE**  
**PANAMA CITY FL 32401**

**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 \_\_\_\_\_  
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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, J R	
STREET ADDRESS	165 N. BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARGARET C	
STREET ADDRESS	165 N. BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSEY, JAMES H	
STREET ADDRESS	165 N. BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, NORVELLE L	
STREET ADDRESS	3929 YESTER PLACE	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD	
STREET ADDRESS	29922 BURKE LANE	
CITY-ST-ZIP	ORANGE BEACH AL 36561	
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		
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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)