

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807911

1. Entity Name

SOUTHERN COMPANY SERVICES, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90311 050 ***150.00

Principal Place of Business

241 RALPH MCGILL BOULEVARD
ATLANTA GA 30303
US

Mailing Address

AUDRA L. MCCLELLAN
270 PEACHTREE STREET
ATLANTA GA 30303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0274273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME D
STREET ADDRESS DAHLBERG, A. WILLIAM
CITY-ST-ZIP 270 PEACHTREE STREET NE
ATLANTA GA 30303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME P
STREET ADDRESS DENICOLA, PAUL J
CITY-ST-ZIP 241 RALPH MCGILL BOULEVARD
ATLANTA GA 30303

TITLE ☐ Change ☒ Addition
NAME P, CEO
STREET ADDRESS H. Allen Franklin
CITY-ST-ZIP 270 Peachtree St. N.W.
Atlanta, GA 30303

TITLE ☐ Delete
NAME EVF
STREET ADDRESS ADAMS, KERRY E
CITY-ST-ZIP 42 INVERNESS CENTER PARKWAY
BIRMINGHAM AL 35242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS CHISHOLM, TOMMY
CITY-ST-ZIP 270 PEACHTREE STREET
ATLANTA GA 30303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME AS
STREET ADDRESS DABBS, SAM H JR
CITY-ST-ZIP 270 PEACHTREE STREET
ATLANTA GA 30303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS RAWLINS, CHARLES O
CITY-ST-ZIP 270 PEACHTREE STREET
ATLANTA GA 30303

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Allen L. Leropett
CITY-ST-ZIP 270 Peachtree St. N.W.
Atlanta, GA 30303

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM H. Dabbs, JR 4/19/00 404-506-0534

Date

Daytime Phone #