

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90970 020 ***150.00

DOCUMENT # 854870

1. Entity Name
SOUTHERN BUSINESS COMMUNICATIONS, INC.



Principal Place of Business
**3170 REPS MILLER RD
SUITE 190
NORCROSS GA 30071**

Mailing Address
**3170 REPS MILLER RD.
SUITE 190
NORCROSS GA 30071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1428621**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 32334**

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	PD	<input type="checkbox"/> Delete
NAME	LLOYD, MARK M	
STREET ADDRESS	3170 REPS MILLER RD.	
CITY-ST-ZIP	NORCROSS GA 30071	VICE CHAIRMAN
TITLE	S	<input type="checkbox"/> Delete
NAME	LLOYD, SCOTT	
STREET ADDRESS	3170 REPS MILLER RD	PRESIDENT
CITY-ST-ZIP	NORCROSS GA 30071	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS S. JOHNSON	
STREET ADDRESS	PO BOX 253478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	
TITLE	DIRECTOR, VP, S & T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND SCHILLING	
STREET ADDRESS	PO BOX 253478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	
TITLE	VP LAST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD S. JOHNSON	
STREET ADDRESS	PO BOX 253478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	
TITLE	ASST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER J. HAGAN	
STREET ADDRESS	PO BOX 253478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	
TITLE	ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. HOVEY KEMP	
STREET ADDRESS	PO BOX 253478	
CITY-ST-ZIP	TAMPA, FL 33688-3478	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 7704494088

Date

Daytime Phone #

CR2E034 (10/02)