

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000714

1. Entity Name

SOUTHERN CONVERTING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -8 PM 4:50

Principal Place of Business

2225 WEST BEAVER STREET
JACKSONVILLE FL 32209

Mailing Address

2225 WEST BEAVER STREET
JACKSONVILLE FL 32209-7404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State.

4. FEI Number

59-3184809

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

KIRSCHNER, MAIN, PETRIE, GRAHAM & TANNER
10 WEST ADAMS STREET
JACKSONVILLE FL 32202

Name
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000

City
Miami

FL

Zip Code
33131

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 Donald W. Wallis Donald W. Wallis, Vice President 2-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. Capital Contributions
as Shown on record.

\$175,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000037871
NAME JOHN DOUGLAS ENTERPRISES, INC.
STREET ADDRESS 2225 WEST BEAVER STREET
CITY - ST - ZIP JACKSONVILLE FL 32202

STREET ADDRESS 000003135270--0
CITY - ST - ZIP -02/15/00--01103--010
****526.25 ****526.25

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-27-00

9043540458

Date

Daytime Phone #

CR2E003 (9/99)