

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000006458**1. Entity Name  
**OLDE SOUTH INSURANCE CONSULTING SERVICES, INC.**

Principal Place of Business	Mailing Address
1000 HURRICANE SHOALS RD. BLDG. C, SUITE 300B LAWRENCEVILLE GA 30043	1000 HURRICANE SHOALS RD. BLDG. C, SUITE 300B LAWRENCEVILLE GA 30043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**58-2493368**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****O'CONNELL NORA**  
**1115 1ST STREET****NEPTUNE BEACH**  
**32266**

US

FL

**7. Name and Address of New Registered Agent**

Name

**O'CONNELL NORA**

Street Address (P.O. Box Number is Not Acceptable)

**1115 1ST STREET**City  
**NEPTUNE BEACH**

FL

Zip Code  
**32266**

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 **NORA OCONNELL****02/07/2001**

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	<b>JACKSON CHARLES L</b>	
STREET ADDRESS	<b>1000 HURRICANE SHOALS RD.</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE GA 30043</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	<b>MCCOY BRIAN M.C.E.O.</b>	
STREET ADDRESS	<b>1000 HURRICANE SHOALS RD.</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE GA 30043</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Charles L. Jackson**

Pres

02/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)