

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006458

FILED  
Apr 14, 2003  
Secretary of State

**Entity Name:** OLDE SOUTH INSURANCE CONSULTING SERVICES, INC.

## Current Principal Place of Business:

1000 HURRICANE SHOALS RD.  
BLDG. C, SUITE 300B  
LAWRENCEVILLE, GA 30043

## New Principal Place of Business:

1000 HURRICANE SHOALS RD.  
BLDG. C, SUITE 300C  
LAWRENCEVILLE, GA 30043

## Current Mailing Address:

1000 HURRICANE SHOALS RD.  
BLDG. C, SUITE 300B  
LAWRENCEVILLE, GA 30043

## New Mailing Address:

PO BOX 491540  
LAWRENCEVILLE, GA 30049 US

FEI Number: 58-2493368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'CONNELL, NORA  
1115 1ST STREET  
NEPTUNE BEACH, FL 32266 US

## Name and Address of New Registered Agent:

O'CONNELL, NORA  
1707 SEABREEZE AVE  
JACKSONVILLE, FL 32250 US

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:

04/14/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MCCOY, BRIAN M C.E.O.  
Address: 1000 HURRICANE SHOALS RD.  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: PS ( ) Delete  
Name: JACKSON, CHARLES L  
Address: 1000 HURRICANE SHOALS RD.  
City-St-Zip: LAWRENCEVILLE, GA 30043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: MCCOY, BRIAN M C.E.O.  
Address: 1000 HURRICANE SHOALS RD. BLDC-300C  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: PS (X) Change ( ) Addition  
Name: JACKSON, CHARLES L  
Address: 1000 HURRICANE SHOALS RD. BLDC-300C  
City-St-Zip: LAWRENCEVILLE, GA 30043

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. JACKSON

PS

04/14/2003

Electronic Signature of Signing Officer or Director

Date