

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005302

1. Entity Name

SOUTHERN MORTGAGE REPORTING, INC. ✓

Principal Place of Business

6010 DAWSON BLVD.
NORCROSS GA 30093

Mailing Address

6010 DAWSON BLVD.
NORCROSS GA 30093

2. Principal Place of Business

3820 Northdale Br.

Suite, Apt. #, etc.

Suite 102B

City & State

Tamph, FL

Zip

33624

Country

USA

3. Mailing Address

3820 Northdale Br.

Suite, Apt. #, etc.

Suite 102B

City & State

Tamph, FL

Zip

33624

Country

USA

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90015 042 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1974408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, CRISTY
20512 MEETING STREET
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Barbara Eaton

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

3820 Northdale Br.

Suite 102B

City

Tamph

FL

Zip Code

33624

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

Barbara Eaton, Exec. VP

7/6/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MCMAHAN, KYLE
2657 HENDERSON RIDGE RD.
TUCKER GA 30084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PCFO
KOENIG, CRAIG J
802 WHITE ROCK TRAIL
SUWANEE GA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
EV
STEWART, JOHN
2511 GLEN EAGLES DR.
TUCKER GA 30084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WHITE, JULIE
575 GREENVIEW AVENUE
CONYERS GA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/00)