

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90001 006 ***163.75

DOCUMENT # F97000000679

1. Entity Name

TRANSOUTH INDUSTRIAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

**1702 EAST WILLOW STREET
SCOTTSBORO AL 35768****1702 EAST WILLOW STREET
SCOTTSBORO AL 35768-2336**

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

63-0882681

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**WEEKS, JULIA
RT 1 BOX 822
NEWBERRY FL 32669**

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	MARABLE SR, GENE K	ROUTE 1 COUNTY RD #42	HOLLYWOOD AL	<input type="checkbox"/>	<input type="checkbox"/>
P	MARABLE JR, GENE K	ROUTE 1	SCOTTSBORO AL	<input type="checkbox"/>	<input type="checkbox"/>
ST	MARABLE, CATHERINE	ROUTE 1 COUNTY RD #42	HOLLYWOOD AL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gene K Marable Sr. 2/1/00 266-574-6008

CP2E034 (9/99)