2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90047 002 ***150.00

004124 AV

DOCUMENT # J39190

1. Entity Name
SOUTHGROUP EQUITIES, INC.

Principal Place of Business	Mailing Address
215 DELTA COURT TALLAHASSEE FL 32303	215 DELTA COURT TALLAHASSEE FL 32303

2. Principal Place of Business		3. Mailing Address	
		1401 Oven Park Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 102B	
City & State		City & State Tallahassee Fl	
Zip	Country	Zip 32308	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2733820 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 S CALHOUN ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2002 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	DP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DREW, J. EVERITT		NAME		
STREET ADDRESS	215 DELTA COURT		STREET ADDRESS	1401 Oven Park Dr Suite 102B	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	Tallahassee Fl 32308	
TITLE	DVST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DREW, MITCHELL N., JR.		NAME		
STREET ADDRESS	215 DELTA COURT		STREET ADDRESS	1401 Oven Park Dr Suite 102B	
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	Tallahassee Fl 32308	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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: Mitchell Drew 04/05/02 850-386-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #