

**2004 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90021 027 \*\*\*150.00

**DOCUMENT # L20510****1. Entity Name**  
**SOUTHCROSS, INC.****Principal Place of Business****1834 HERMITAGE BLVD.**  
**SUITE 201**  
**TALLAHASSEE FL 32308****Mailing Address****1834 HERMITAGE BLVD.**  
**SUITE 201**  
**TALLAHASSEE FL 32308****2. Principal Place of Business****2019 Centre Pointe Blvd**

Suite, Apt. #, etc.

**Suite 101****3. Mailing Address****2019 Centre Pointe Blvd**

Suite, Apt. #, etc.

**Suite 101****City & State****Tallahassee, FL****City & State****Tallahassee, FL****Zip****32308****Country****U.S.A.****Zip****32308****Country****U.S.A.****4. FEI Number** **59-2145670****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****MOTTICE, JAY H**  
**1834 HERMITAGE BLVD**  
**STE 201**  
**TALLAHASSEE FL 32308****Name****2019 Centre Pointe Blvd****Suite 101****Tallahassee****FL****Zip 32308****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, 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** ☐ Delete  
**NAME** **MOTTICE, JAY H**  
**STREET ADDRESS** **1834 HERMITAGE BLVD., STE 201**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32308****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **2019 Centre Pointe Blvd., Suite 101**  
**CITY-ST-ZIP** **Tallahassee, FL 32308****TITLE** **V** ☐ Delete  
**NAME** **MOTTICE, JOHN P**  
**STREET ADDRESS** **1834 HERMITAGE BLVD., STE 201**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32308****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **2019 Centre Pointe Blvd., Suite 101**  
**CITY-ST-ZIP** **Tallahassee, FL 32308****TITLE** ☐ Delete  
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/01**

Date

**850.386.2117**

Daytime Phone #

CR2E034 (10/00)