

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 020 ***150.00

DOCUMENT # P00000063363 ✓

1. Entity Name

Olde South Mortgage Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

235 Gulf Beach Dr. W

3. Mailing Address

235 Gulf Beach Dr. W

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

St. George Island, FL

City & State

St. George Island, FL

Zip

32328

Country

U.S.

Zip

32328

Country

U.S.

4. FEI Number

59-3657815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Louise W. Autrey

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

174 Avenue C

City

APALACHICOLA

FL

Zip Code

32320

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

Louise Autrey

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)** ☒

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President - Director	Louise Autrey	174 Avenue C	APALACHICOLA FL 32320
	WALTER G. Autrey JR - VST	174 Avenue C	Apalachicola FL 32320

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Louise Autrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E034B (12/01)