

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047930

1. Entity Name
OLDE SOUTH MORTGAGE GROUP, INC.



FILED

03 SEP -9 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
235 WEST GULF BEACH DR., STE. G
ST. GEORGE ISLAND FL 32328

Mailing Address
235 WEST GULF BEACH DR., STE. G
ST. GEORGE ISLAND FL 32328



2. Principal Place of Business
235 West Gulf Beach Dr.
Suite E
St George Island, FL 32328
Country US

3. Mailing Address
235 West Gulf Beach Dr.
Suite E
St George Island, FL 32328
Country US

☒ CHECK HERE IF MAKING CHANGES

FEI Number 020590971
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AUTREY, LOUISE W
235 WEST GULF BEACH DR., STE. G
ST. GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
000022884880
09/09/03--01067--008 **550.00
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louise W. Autrey*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-8-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AUTREY, LOUISE W	
STREET ADDRESS	235 WEST GULF BEACH DR., STE. G	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MELISSA G	
STREET ADDRESS	235 WEST GULF BEACH DR., STE. G	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jessica Gilbert	
STREET ADDRESS	235 W. Gulf Bch Dr, Ste E	
CITY-ST-ZIP	St George Island, FL 32328	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	← 235 W. Gulf Bch. Dr. Ste E	
STREET ADDRESS	St. George Island, FL 32328	
CITY-ST-ZIP		
TITLE	Kimberly D. Spaulding	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter G. Autrey	
STREET ADDRESS	235 W. Gulf Bch. Dr. Ste. E	
CITY-ST-ZIP	St. George Island, FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louise W. Autrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03 850-927450
Date Daytime Phone #

CR2E034 (4/03)