2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14400 Aug 15, 2000 8:00 am Secretary of State 1. Entity Name SOUTHPOINT CONSTRUCTION COMPANY 08-15-2000 90003 035 ***550.00 Principal Place of Business Mailing Address 2727 OLD CANTON ROAD PO BOX 4628 JACKSON MS 39216 JACKSON MS 39296 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 64-0636892 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVS** Change ☐ Addition TITLE TITLE Delete BULLOCK, ROBERT E. NAME NAME STREET ADDRESS 2727 OLD CANTON RD. STREET ADDRESS CITY-ST-ZIP JACKSON MS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE BULLOCK, MARY S. NAME NAME 1635 MAYWOOD CR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSON MS ☐ Delete ☐ Change ☐ Addition TITLE TITLE BULLOCK, ROBERT E. NAME NAME 2727 OLD CANTON RD. STREET ADDRESS STREET ADDRESS JACKSON MS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE WILLIAMS, PATRICIA BULLO NAME NARAF 1635 MAYWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSON MS Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exempt 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 than the receiver of the corporation of the corpor

SIGNATURE:

Robert E. Bullock, President

8/10/00

601/362-7282

Daytime Phone #