

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90162 048 ***150.00

DOCUMENT # P15180
 Entity Name
SOUTHERN CONSULTANT SERVICES, INC.

Principal Place of Business Mailing Address
75 OLD NORCROSS RD **PO BOX 2127**
SUITE H **LAWRENCEVILLE GA 30045**
LAWRENCEVILLE GA 30045 **US**
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **58-1309324** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, S.A.
11100 S.W. 72 AVE
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NAME	C POTLOCK, BERNARD M.	<input type="checkbox"/> Delete
STREET ADDRESS	5425 FONTENOY CT NW	
CITY-ST-ZIP	NORCROSS GA 30071	
FILE NAME	ST POTLOCK, ELAINE N.	<input type="checkbox"/> Delete
STREET ADDRESS	5425 FONTENOY CT NW	
CITY-ST-ZIP	NORCROSS GA 30071	
FILE NAME	P POTLOCK, JAY M	<input type="checkbox"/> Delete
STREET ADDRESS	434 TIMBERLY WAY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30045	
FILE NAME	POTLOCK, BERNARD M.	<input type="checkbox"/> Delete
STREET ADDRESS	5425 FONTENOY CT NW	
CITY-ST-ZIP	NORCROSS GA 30071	
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED* **2-4-2002** **678-376-6124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REGIONS AT

CR2E034 (9/01)