

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90481 018 ***150.00

DOCUMENT # P16524

1. Entity Name
AMSOUTH INVESTMENT SERVICES, INC.



Principal Place of Business
250 RIVERCHASE PKWY E
4TH FLOOR
BIRMINGHAM AL 35244
US

Mailing Address
250 RIVERCHASE PKWY E
4TH FLOOR
BIRMINGHAM AL 35244
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0885514**

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

KYTE, BARRY J SR.
70 NORTH BAYLEN STREET
PENSACOLA FL 32501

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JONES, TIMOTHY S**
STREET ADDRESS **250 RIVERCHASE PKWY E**
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **COO** ☐ Delete
NAME **GUERIN, JOAN**
STREET ADDRESS **250 RIVERCHASE PKWY E**
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **GUERIN, JOAN**
STREET ADDRESS **250 RIVERCHASE PKWY E**
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BAGBY, CANDICE**
STREET ADDRESS **1901 6TH AVENUE NORTH**
CITY-ST-ZIP **BIRMINGHAM AL 35203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GIBSON, SLOAN D IV**
STREET ADDRESS **1901 6TH AVENUE NORTH**
CITY-ST-ZIP **BIRMINGHAM AL 35203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STEPHENSON, ERNEST**
STREET ADDRESS **100 NORTH TAMPA STREET**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Travis 2/24/03
VP, Compliance Director 6157482532

Date

Daytime Phone #

0845001 AT

CR2E034 (10/02)

10029982



☐ CHECK HERE IF MAKING CHANGES