

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P95000093861****1. Entity Name****STEEL MAGNOLIA PROPERTIES, INC.****Principal Place of Business****1500 BERRYHILL RD
MILTON FL 32570****Mailing Address****1500 BERRYHILL RD
MILTON FL 32570
3649 Andrew Jackson Drive
Pace, Florida 32571****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3649 Andrew Jackson Dr.**Pace, Florida****32571****USA****4. FEI Number 59-3351135**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****LOZIER, DANIEL R
125 W ROMANA ST SUITE 222
PENSACOLA FL 32501****7. Name and Address of New Registered Agent**

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.

SIGNATURE

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)**☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSFIELD, MICHAEL T 1500 BERRYHILL RD MILTON FL 32570	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSFIELD, AMY 1500 BERRYHILL RD MILTON FL 32570	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE:

Amy G. Hartsfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy G. Hartsfield

Date

4/30/01 (850)623-0543

Daytime Phone #

**FILED
May 15, 2001 8:00 am
Secretary of State**

05-15-2001 90078 013 ***150.00



DO NOT WRITE IN THIS SPACE

0469267

CR2E034 (10/00)