FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 91165 013 ***150.00

DOCUMENT # P95000093861

1. Entity Name
Steel Magnolia Properties, Inc.

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B0061988

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2. Principal Place of Business	3. Mailing Address
9009 University Pkwy	9009 University Pkwy
Suite, Apt. #, etc. Apt. 227	Suite, Apt. #, etc. Apt. 227
City & State Pensacola, FL	City & State Pensacola, FL
Zip 32514 Country Escambia	Zip 32514 Country Escambia

4. FEI Number 59-3351135 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Danial R. Lozier

Street Address (P.O. Box Number is Not Acceptable): 125 W. Romana Street, Suite 222

City: Pensacola **FL** Zip Code: 32501

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Director Amy Hartsfield 9009 University Pkwy, Apt. 227 Pensacola, FL 32514
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Amy S Hartsfield 3/27/02 850-479-6068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #