

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90065 049 ***150.00

DOCUMENT # P.97006023924 ✓
1. Entity Name
 SouthFirst Financial Network, Inc.

Principal Place of Business 3772 Weyford Hollow RdE Jacksonville, Fl. 32224
Mailing Address 5025 Atlantic View St. Augustine Fl. 32085-0532

2. Principal Place of Business 1488 CR 13 South
3. Mailing Address P.O. Box 532
 Suite, Apt. #, etc.

City & State St. Augustine Florida
City & State St. Augustine FL
Zip 32092 **Country** ST. JOHNS **Zip** 32085-0532 **Country** ST. JOHNS

4. FEI Number 59-3434654
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

00035358

6. Name and Address of Current Registered Agent
 Collins, Thomas C. Jr
 1488 CR 13 SOUTH
 ST AUGUSTINE FL 32092

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 _____ (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE Director NAME Collins Thomas C Jr STREET ADDRESS 1488 CR 13 South CITY-ST-ZIP ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE Director NAME COLLINS, MARY ANN STREET ADDRESS 1488 CR. 13 South CITY-ST-ZIP ST AUGUSTINE, FL. 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS C. COLLINS JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2000 904-471-7884
 Date Daytime Phone #