

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000023924**1. Entity Name  
SOUTHFIRST FINANCIAL NETWORK, INC.

## Principal Place of Business

1488 CR 13 SOUTH

SAINT AUGUSTINE  
32092

FL

## Mailing Address

PO BOX 532

ST AUGUSTINE  
320850532

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 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

## 6. Name and Address of Current Registered Agent

COLLINS THOMAS CJR  
1488 CR 13 SOUTHSAINT AUGUSTINE  
32092

US

FL

## 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 \_\_\_\_\_ 04/23/2001

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME COLLINS MARY ANN  
STREET ADDRESS 3772 WEXFORD HOLLOW ROAD EAST  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE D ☒ Change ☐ Addition  
NAME COLLINS MARY ANN  
STREET ADDRESS 1488 CR 13 SOUTH  
CITY-ST-ZIP ST. AUGUSTINE FL 32092TITLE D ☐ Delete  
NAME COLLINS THOMAS CJR.  
STREET ADDRESS 3772 WEXFORD HOLLOW ROAD EAST  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE D ☒ Change ☐ Addition  
NAME COLLINS THOMAS CJR.  
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NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

Pres

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)