

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010233

1. Entity Name

MCSOUTH CORPORATION

Principal Place of Business

601 SOUTH PACE BLVD.
PENSACOLA FL 32501
US

Mailing Address

380 FORT PICKENS ROAD
PENSACOLA BEACH FL 32561
US

2. Principal Place of Business

380 FORT PICKENS ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA BEACH, FL

City & State

Zip

32561

Country

USA

Zip

Country

4. FEI Number 59-3490110

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHWORTH, EDWARD G
380 FORT PICKENS ROAD
PENSACOLA BEACH FL 32561

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

E.G. SOUTHWORTH

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

(NOTE: Registered Agent signature required when reinstating)

01/07/01

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 P
NAME SOUTHWORTH, EDWARD G
STREET ADDRESS 380 FORT PICKENS ROAD
CITY-ST-ZIP PENSACOLA BEACH FL 32561 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

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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:

E.G. SOUTHWORTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/01

DATE

850-572-0853

Daytime Phone #

CR2E034 (10/00)

0037185

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90070 020 ***158.75



DO NOT WRITE IN THIS SPACE