2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2001 08:00 AM P99000070649 DOCUMENT# 1. Entity Name **Secretary of State** NATIONAL SOUTH INC. Principal Place of Business Mailing Address 7015 CRESTLAKE DR. 7015 CRESTLAKE DR. ORLANDO FL ORLANDO FL 32819 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3609016 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CATLIN RONALD 7015 CRESTLAKE DR. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL32819 City 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. 04/29/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ST TITLE ☐ Delete TITLE ☐ Addition MAME CATLIN CAROL NAME 7015 CRESTLAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP PCD ☐ Delete TITLE PCD X Change NAME PATLIN RONALD Н NAME CATLIN RONALD н STREET ADDRESS 7015 CRESTLAKE DR STREET ADDRESS 7015 CRESTLAKE DR CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ORLANDO FL32819 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Ronald H. Catlin

04/29/2001

Daytime Phone #

Date

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)