

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38668

1. Entity Name

SOUTHERN CONSTRUCTION CONSULTANTS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90964 043 \*\*\*158.75

Principal Place of Business

Mailing Address

3939 BELTLINE RD  
SUITE 355  
DALLAS TX 75244  
US

3939 BELTLINE ROAD  
SUITE 355  
DALLAS TX 75244  
US

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

same

Suite, Apt. #, etc.

same

City & State

Addison, TX

City & State

Addison, TX

Zip

75001

Country

US

Zip

75001

Country

US

4. FEI Number

75-2341403

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN, ROBERT A.  
5444 BAY CENTER DR.  
SUITE 224  
TAMPA FL 33609

Name

GOLDEN, ROBERT A.

Street Address (P.O. Box Number is Not Acceptable)

110 S. HOOPER BLVD. #202

City

TAMPA

FL

Zip Code

33609

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)

☒

**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  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HANCOCK, JAMES H.  
CITY-ST-ZIP 3211 SQUIRESWOOD DR.  
CARROLLTON TX

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLBY, ROBERT O., II  
CITY-ST-ZIP 474 MILLEDGE GATE TERRACE  
MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HANCOCK, JAMES H.  
CITY-ST-ZIP 3211 SQUIRESWOOD DRIVE  
CARROLLTON TX

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS COLBY, ROBERT O II  
CITY-ST-ZIP 474 MILLEDGE GATE TERRACE  
MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

972 241 4367

Daytime Phone #

CR2E034 (9/99)