

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90091 017 ***158.75

061106 AT

DOCUMENT # S38668

1. Entity Name
SOUTHERN CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

**3999 BELTLINE RD
 SUITE 355
 ADDISON FL 35001
 US**

Mailing Address

**3999 BELTLINE RD
 SUITE 355
 ADDISON FL 35001
 US**

2. Principal Place of Business

15400 Knoll Trail

3. Mailing Address

15400 Knoll Trail

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75248

Country

USA

Zip

75248

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

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

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, 2002 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 **D** ☐ Delete
 NAME **HANCOCK, JAMES H.**
 STREET ADDRESS **3211 SQUIRESWOOD DR.**
 CITY-ST-ZIP **CARROLLTON TX**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 all other like empowered.

SIGNATURE:

James H. Hancock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

972-241-4367

Daytime Phone #

CR2E034 (9/01)