2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **V03214** 1. Entity Name REAL ESTATE MANAGEMENT OF THE SOUTH, INC. 04-23-2001 90210 016 ***150.00 Principal Place of Business Mailing Address 4151 MEMORIAL DR 4151 MEMORIAL DR STE 103-C DECATUR GA 30032 **DECATUR GA 30032** US US 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 59-3099393 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required ...6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERDE, JERRY W. Street Address (P.O. Box Number is Not Acceptable) 239 E FOURTH ST PANAMA CITY FL 32401 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE Delete TITLE ☐ Change AMIS, NANCY RUSSELL NAME NAME STREET ADDRESS STREET ADDRESS 3850 HOLCOMB BRIDGE RD STE 255 CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA DS ☐ Addition ☐ Delete TITI F ☐ Change TITLE RUSSELL, BARRON JEFF NAME NAME STREET ADDRESS STREET ADDRESS 3850 HOLCOMB BRIDGE RD STE 255 CITY-ST-7IP CITY-ST-7IP NORCROSS GA Delete TITLE 🔲 Change Addition TITLE RUSSELL, BARRON JEFF NAME NAME STREET ADDRESS STREET ADDRESS 3850 HOLCOMB BRIDGE RD STE 255 CITY-ST-7IP CITY-ST-7IP NORCROSS GA ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: NANCY RUSSELL AMIS 3/26/01 (770)447-9490
SIGNATURE: Date Dayline Phone #

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.