

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90094 022 \*\*\*150.00

**DOCUMENT # V03214**

1. Entity Name  
**REAL ESTATE MANAGEMENT OF THE SOUTH, INC.**



Principal Place of Business  
**4151 MEMORIAL DR  
STE 103-C  
DECATUR GA 30032  
US**

Mailing Address  
**4151 MEMORIAL DR  
103-C  
DECATUR GA 30032  
US**

10011929



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3099393**

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

**GERDE, JERRY W.  
239 E FOURTH ST  
PANAMA CITY FL 32401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP.**  
STREET ADDRESS **AMIS, NANCY RUSSELL**  
CITY-ST-ZIP **3850 HOLCOMB BRIDGE RD STE 255**  
**NORCROSS GA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3970 ROGERS BRIDGE RD.**  
CITY-ST-ZIP **DULUTH, GA 30097**

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **RUSSELL, BARRON JEFF**  
CITY-ST-ZIP **3850 HOLCOMB BRIDGE RD STE 255**  
**NORCROSS GA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3970 ROGERS BRIDGE RD.**  
CITY-ST-ZIP **DULUTH, GA 30097**

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **RUSSELL, BARRON JEFF**  
CITY-ST-ZIP **3850 HOLCOMB BRIDGE RD STE 255**  
**NORCROSS GA**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE NOT REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANCY RUSSELL AMIS** 1/09/03 (678) 434-0150  
Date Daytime Phone

CR2E034 (10/02)