2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 AM
Secretary of State

DOCUMENT# V29848

Entity Name: SOUTH FINANCIAL SERVICES, INC.

Current Principal Place of Business:

25 NW 16TH AVE
GAINESVILLE, FL 32609 US

New Principal Place of Business:

699 HAWKS TRACE DRIVE
JACKSONVILLE, FL 32225 US

Current Mailing Address:

P O BOX 147050
PMB 520
GAINESVILLE, FL 326147050 US

New Mailing Address:

699 HAWKS TRACE DRIVE
JACKSONVILLE, FL 32225 US

FEI Number: 59-3169463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LORRAINE B. MURPHY
4300 NW 23RD AVE
STE 520
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

LORRAINE B. MURPHY
699 HAWKS TRACE DRIVE
JACKSONVILLE, FL 32225 US

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: 03/25/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURPHY, LORRAINE B.
Address: 1724 NE 2ND ST.
City-St-Zip: GAINESVILLE, FL

Title: ST ( ) Delete
Name: MURPHY, LARRAINE
Address: 4300 NW 23RD AVE STE 520
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MURPHY, LORRAINE B.
Address: 699 HAWKS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST (X) Change ( ) Addition
Name: MURPHY, LORRAINE
Address: 699 HAWKS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE MURPHY ST 03/25/2002
Electronic Signature of Signing Officer or Director — Date