2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90174 030 ***150.00

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DOCUMENT # V69613

1. Entity Name
SOUTHCOAST CAPITAL CORPORATION

Principal Place of Business	Mailing Address
ONE INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32233 US	ONE INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32233 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3149323 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, DAVID R
1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE FL 32202

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. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVETT, W.R. II 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lovett, W. R. II 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOEB, K L 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Loeb, K L 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOVETT, P.H. 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lovett, P. H. 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SHIELDS, DAVID 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Shields, David 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MELLO, JEANNINE 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Mello, Jeannine 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FANT, L.D. LOVETT 230 PEACHTREE ST., NW, SUITE 1440 ATLANTA GA 30303-1515	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Fant, L. L. 1 Independent Dr, Suite 1600 Jacksonville, FL 32202	☒ Change ☐ Addition

CR2E034 (10/02)

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 REQUIRED Jeannine Mello 1/6/03 904-634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #