

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 817607**  
 1. Entity Name  
**COLUMBIA ENGINEERING AND SERVICES, INC.**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**  
 04-04-2000 90053 021 \*\*\*150.00

Principal Place of Business <b>4405 INTERNATIONAL BLVD #B-101 NORCROSS GA 30093</b>	Mailing Address <b>4405 INTERNATIONAL BLVD #B-101 NORCROSS GA 30093-3013</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>58-0914630</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SHILLINGTON, DONALD V.	
STREET ADDRESS	4405 INTERNATIONAL BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNG, LOUIS D. JR.	
STREET ADDRESS	4405 INTERNATIONAL BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YOUNG, DANITA	
STREET ADDRESS	4405 INTERNATIONAL BLVD	
CITY-ST-ZIP	NORCROSS GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCPHERSON, PEGGY	
STREET ADDRESS	4405 INTERNATIONAL BLVD.	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **3/30/00 (770) 925-0357**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Donald V. Shillington*

CR2E034 (9/99)