

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90002 030 ***550.00

DOCUMENT # F00000000673

1. Entity Name

SUNBELT MARKETING INVESTMENT CORP.

Principal Place of Business

**610 WATERFRONT DRIVE
 ATLANTA GA 30201**

Mailing Address

**610 WATERFRONT DRIVE
 ATLANTA GA 30201**

2. Principal Place of Business

3255 S. SWEETWATER RD

3. Mailing Address

3255 S. SWEETWATER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LITHIA SPRINGS, GA.

City & State

LITHIA SPRINGS, GA.

Zip

30122-2837

Country

DOUGLAS

Zip

30122-2837

Country

DOUGLAS

4. FEI Number

58-1259105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GILLFILLAN, JOHN S 610 WATERFRONT DRIVE ATLANTA GA 30201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3255 S. SWEETWATER RD LITHIA SPRINGS, GA. 30122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENEFFEE, THOMAS M 610 WATERFRONT DRIVE ATLANTA GA. 30201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3255 S. SWEETWATER RD LITHIA SPRINGS, GA. 30122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PRAGER, KENNETH 610 WATERFRONT DRIVE ATLANTA GA 30201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/01

(770) 739-3740

CR2E034 (5/01)