2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90360 039 ***150.00

DOCUMENT # F00000002106

1. Entity Name

ADMINISTRATIVE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
105 CANTON HWY, CUMMING, GA 30040	SAME

A00707163

2. Principal Place of Business	3. Mailing Address
105 CANTON HWY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CUMMING, GEORGIA	City & State
Zip: 30040 / Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2148686 ☐ 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
OLGA NAGOBADS MSW 108 19TH AVE - PASS-A-GRILLE ST. PETERSBURG BEACH, FL 33706	Name: OLGA NAGOBADS MSW Street Address (P.O. Box Number is Not Acceptable): 108 19TH AVE- PASS-A-GRILLE City: ST. PETERSBURG BEACH FL Zip Code: 33706

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

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WILLIAM REINS 2820 BURGUNDY DR. CUMMING GA 30040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT HOWARD A. REINHART HOLIDAY MARINA BUFORD, GA 30518 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY/TREAS. ELAINE REINS 2820 BURGUNDY DR. CUMMING GA 30040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4/27/01 770-844-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #