

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004378

FILED
Jan 22, 2003
Secretary of State

Entity Name: FRESHPOINT OF ATLANTA, INC.

Current Principal Place of Business:

16 FOREST PARKWAY
FOREST PARK, GA 30297

New Principal Place of Business:

Current Mailing Address:

16 FOREST PARKWAY
FOREST PARK, GA 30297

New Mailing Address:

FEI Number: 58-1244686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALPERS, JOHN
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: VD () Delete
Name: STURGEON, BRIAN M
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: VAS () Delete
Name: BERKE, KENT R
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: S () Delete
Name: MCALLISTER, BONNIE
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: T () Delete
Name: SANDERS, DIANE D
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: AS () Delete
Name: BROOKS, CONNIE S
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASSAVE, BOB
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CRUNK, WEBB
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: S (X) Change () Addition
Name: FARMER, MARTHA L
Address: 16 FOREST PARKWAY
City-St-Zip: FOREST PARK, GA 30297

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTHA L FARMER

S

01/22/2003

Electronic Signature of Signing Officer or Director

Date