

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005847

1. Entity Name

SOUTHERN SALES & MARKETING GROUP, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90028 008 \*\*\*150.00

Principal Place of Business 4400 COMMERCE CR SW ATLANTA GA 30336 US	Mailing Address 4400 COMMERCE CR SW ATLANTA GA 30336-1939 US
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>58-2013442</b>	Applied For <input type="checkbox"/> Not Applicable
--	--	------------------------------------	--



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARBAUGH, KENNETH A**  
**2304 47TH AVE.**  
**TAMPA FL 33605**

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 \_\_\_\_\_ 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	<b>S</b> <b>HARBAUGH, KENNETH A</b> <b>2304 47 AVE</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TERRY BUCKNER</b> <b>4400 COMMERCE CIRCLE S W</b> <b>ATLANTA GA 30336</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HARBAUGH, KENNETH A</b> <b>2304 47TH AVE.</b> <b>TAMPA FL 33605</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARY E MILLER</b> <b>4400 COMMERCE CIRCLE S W</b> <b>ATLANTA GA 30336</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RUBY MARTIN</b> <b>4400 COMMERCE CIRCLE S W</b> <b>ATLANTA GA 30336</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Kenneth A Harbaugh* **KENNETH A HARBAUGH / SECRETARY**  
 Date: **2/22/00**  
 Daytime Phone #: **(404) 505-5900**

CR2E034 (9/99)