

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90043 048 \*\*\*150.00

05019A7 AT

**DOCUMENT # F94000004764**

1. Entity Name  
**TERMINAL SERVICE CO., OF WASHINGTON**

Principal Place of Business <b>160 CLAIREMONT AVE DECATUR GA 30030 US</b>	Mailing Address <b>160 CLAIREMONT AVE DECATUR GA 30030 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>91-0847582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GROSS, JACK 160 CLAIREMONT AVE, STE 410 DECATUR GA 30030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FLEMING, ROBERT M 160 CLAIREMONT AVE, STE 410 DECATUR GA 30030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MATHESON, ROBERT C 160 CLAIREMONT AVE, STE 410 DECATUR GA 30030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FORBES, DAVID S 160 CLAIREMONT AVE, STE 410 DECATUR GA 30030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WEAVER, STANLEY 160 CLAIREMONT AVE., SUITE 410 DECATUR GA 30030</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Schmidt Melissa 160 Clairemont Ave. Decatur GA 30030</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Melissa L. Schmidt (Melissa L. Schmidt) 2/25/02 404-370-4305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

B0102102

Check Date: 05/02/2002

Check No. 510014153

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Available	Paid Amount
<i>PH</i> F95000005164	02/12/2002	00023791	150.00	0.00	150.00
<i>RT LOUISE MONTEITH X5916</i>					
S51592	02/12/2002	00023790	150.00	0.00	150.00
<i>RT LOUISE MONTEITH X5916</i>					

Please note that the payment for GACS, Inc., FEI 58-194486 was included in this check # 510014153 for Allied Automotive Group, FEI 58-2201081.

Vendor Number	Vendor Name			Total Discounts	
074920	DEPARTMENT OF STATE			\$0.00	
Check Number	Date	Total Amount	Discounts Taken	Total Paid Amount	
510014153	05/02/2002	\$300.00	\$0.00	\$300.00	

WARNING - THIS DOCUMENT HAS A COLORED BACKGROUND VOID FEATURE.

ALLIED AUTOMOTIVE GROUP, INC.  
 100 FAIRMONT AVE SUITE 600  
 DECATUR GA 30030

AT BOSTON  
 Bank of America, N.A.  
 SOUTH PORTLAND, ME

32-131/112  
 510014153

Date 05/02/2002

Pay Amount \$300.00\*\*\*

Pay THREE HUNDRED AND NO / 100 US DOLLAR\*\*\*

To The Order Of  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 P. O. BOX 1500  
 TALLAHASSEE, FL 32302-1500

*Keith M. Gutzel*  
 Authorized Signature

Authorized Signature

Over \$3,000 Requires Two Signatures

THE REVERSE SIDE OF THIS DOCUMENT SHOWS ARTIFICIAL WATERMARK.

510014153 00112015391 80055268