2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # F9600000361 1. Entity Name STARZER BRADY FAGAN ASSOCIATES, INC. 01-30-2001 90191 015 ***150.00 Principal Place of Business Mailing Address 2310 PERIMETER PARK DR 2310 PERIMETER PARK DR ATLANTA GA 30341 ATLANTA GA 30341 MUULUIOO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1764490 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- -- 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCT ☐ Delete TITLE Change ☐ Addition STARZER, HUBERT NAME NAME STREET ADDRESS 2310 PERIMETER PARK DR STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30341 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BRADY, ALAN T NAME NAME STREET ADDRESS 2310 PERIMETER PARK DR STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30341 CITY-ST-ZIP TITLE ☐ Defete1 ☐ Addition TITLE ☐ Change CHANCE, T L NAME NAME STREET ADDRESS 2310 PERIMETER PARK DR STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30341 CITY-ST-ZIP **VD** TITLE ☐ Delete Change ☐ Addition FAGAN, TONY D NAME NAME STREET ADDRESS 2310 PERIMETER PARK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30341 VSD Delete TITLE Change Addition NAME ERWIN, DEBRA G NAME STREET ADORESS 2310 PERIMETER PARK DR STREET ADDRESS CITY-ST-7IP ATLANTA GA 30341 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 1- PRESIDENT 1/11/01 SIGNATURE: ∠ SIGNING OFFICER OR DIRECTOR