

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90098 044 ***150.00

044370

DOCUMENT # F98000006901

1. Entity Name
SOUTHWAY SALES, INC.

Principal Place of Business
8610 ROSWELL RD. SUITE 510
ATLANTA GA 30350

Mailing Address
8610 ROSWELL RD. SUITE 510
ATLANTA GA 30350

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12750-A CENTURY DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
12750-A CENTURY DR.
 Suite, Apt. #, etc.

City & State
ALPHARETTA, GA.

City & State
ALPHARETTA, GA.

4. FEI Number **58-1318634**

Applied For
 Not Applicable

Zip
30004

Country
U.S.A.

Zip
30004

Country
U.S.A.

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

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 **CP** Delete
 NAME **REYNOLDS, HAROLD G**
 STREET ADDRESS **415 SPINDLE CT**
 CITY-ST-ZIP **DUNWOODY GA 30350**

TITLE **CP** Change Addition
 NAME **REYNOLDS, HAROLD G.**
 STREET ADDRESS **235 OAKHURST LEAF DR.**
 CITY-ST-ZIP **ALPHARETTA, GA. 30004**

TITLE **STD** Delete
 NAME **RIPSCO, DEBORAH**
 STREET ADDRESS **415 SPINDLE CT**
 CITY-ST-ZIP **DUNWOODY GA 30350**

TITLE **STD** Change Addition
 NAME **RIPSCO, DEBORAH**
 STREET ADDRESS **235 OAKHURST LEAF DR.**
 CITY-ST-ZIP **ALPHARETTA, GA. 30004**

TITLE Delete
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TITLE Change Addition
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 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: Harold G. Reynolds **HAROLD G. REYNOLDS** 1/5/2001 770-442-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)