

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90387 027 ***150.00

0624558 AT

DOCUMENT # F99000003077



1. Entity Name
STROMQUIST & COMPANY, INC.

Principal Place of Business
**4620 ATLANTA ROAD
SMYRNA GA 30080**

Mailing Address
**4620 ATLANTA ROAD
SMYRNA GA 30080**

2. Principal Place of Business

3. Mailing Address
PO BOX 724688

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ATLANTA GA

4. FEI Number **58-0684488**

Applied For
 Not Applicable

Zip

Country

Zip
31139-1688

Country
USA

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

ESKIN, PAUL
~~3074~~ **N. ORANGE BLOSSOM TRAIL SUITE S**
ORLANDO FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)
3404 N. ORANGE BLOSSOM TRAIL

City **ORLANDO** FL Zip Code **32804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PC LINDLEY, SAM**
STREET ADDRESS **4620 ATLANTA ROAD**
CITY-ST-ZIP **SMYRNA GA 30080**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD STROMQUIST, ERIC**
STREET ADDRESS **4620 ATLANTA ROAD**
CITY-ST-ZIP **SMYRNA GA 30080**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD STROMQUIST, DAVID**
STREET ADDRESS **4620 ATLANTA ROAD**
CITY-ST-ZIP **SMYRNA GA 30080**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SPIELBERG, SOL**
STREET ADDRESS **4501 CIRCLE 75 PW SUITE C-3100**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Stromquist DATE: 3/25/03 404, 794, 3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)