

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M32364

1. Entity Name

COTTON STATES MARKETING RESOURCES, INC.

Principal Place of Business

244 PERIMETER CENTER PARKWAY, N.E.  
ATLANTA GA 30346

Mailing Address

244 PERIMETER CENTER PARKWAY, N.E.  
ATLANTA GA 30346

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KINMAN JR., JOSEPH F.  
SHACLEFORD, FARRIOR, STALLINGS, & EVANS  
501 E. KENNEDY BLVD., #1400  
TAMPA FL 33602

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) ☐

**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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | CPD                      | <input type="checkbox"/> Delete |
| NAME           | HOWARD, J. RIDLEY        |                                 |
| STREET ADDRESS | 1176 BROOKGATE WAY       |                                 |
| CITY-ST-ZIP    | ATLANTA GA               |                                 |
| TITLE          | VPC                      | <input type="checkbox"/> Delete |
| NAME           | BARLOW, WILLIAM J.       |                                 |
| STREET ADDRESS | 610 RIDGEBROOK POINT     |                                 |
| CITY-ST-ZIP    | ROSWELL GA 30075         |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | CHAMBLEE, WENDY M.       |                                 |
| STREET ADDRESS | 1438 CUSTIS CT           |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30338         |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | FINCHER, ROBERT L.       |                                 |
| STREET ADDRESS | 244 PERIMETER CENTER PKW |                                 |
| CITY-ST-ZIP    | ATLANTA GA               |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90053 032 \*\*\*150.00

711320



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2681997**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)