

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90029 005 \*\*\*150.00

FORM 35 A1

**DOCUMENT # P06653**

1. Entity Name  
**MERCHANDISING EQUIPMENT, INC.**

Principal Place of Business  
**820 FAIRBURN ROAD. S.W.**  
**ATLANTA GA 30331**

Mailing Address  
**820 FAIRBURN ROAD. S.W.**  
**ATLANTA GA 30331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**58-0662431**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. 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, 2002 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**

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GRANT, LAWTON K</b>                               | NAME  |   |
| STREET ADDRESS             | <b>210 STRANDHILL ROAD</b>                           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>TYRONE GA 30290</b>                               | CITY-ST-ZIP   |   |
| TITLE                      | <b>VP</b> <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KEEN, THOMAS R</b>                                | NAME  |   |
| STREET ADDRESS             | <b>6145 SHOAL CREEK RD</b>                           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ASHVILLE AL 35953</b>                             | CITY-ST-ZIP   |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SHERMAN, HELEN</b>                                | NAME  |   |
| STREET ADDRESS             | <b>25 RIVERSIDE DRIVE</b>                            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>SHARPSBURG GA 30277</b>                           | CITY-ST-ZIP   |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GRANT, ROBERT C</b>                               | NAME  |   |
| STREET ADDRESS             | <b>398 SULLIVAN ROAD</b>                             | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NEWNAN GA</b>                                     | CITY-ST-ZIP   |   |
| TITLE                      | <b>VP</b> <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BAGGETT, DENNIS C</b>                             | NAME  |   |
| STREET ADDRESS             | <b>4962 DAY LILLY WAY</b>                            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ACWORTH GA 30102</b>                              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** *Helen Sherman* **2/12/02** **404-696-2466**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)