

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90039 009 ***150.00

DOCUMENT # P14696

1. Entity Name
HEAD DISTRIBUTING COMPANY

Principal Place of Business
 4820 NORTH CHURCH LANE
 SMYRNA GA 30080

Mailing Address
 4820 NORTH CHURCH LANE
 SMYRNA GA 30080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1095258

Applied For

Not Applicable

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

PICKETT, DAVID
5151 SUNBEAM ROAD
SUITE 24
JACKSONVILLE FL 32257

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, 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

TITLE ☐ Delete
NAME
CEOD HEAD, ANDREW M.
STREET ADDRESS
5270 WOODRIDGE FOREST TRAIL
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
P BRANNON, ARTHUR D.
STREET ADDRESS
4320 CHAPEL HILL FARM
CITY-ST-ZIP
DOUGLASVILLE GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
T REED, DANIEL T
STREET ADDRESS
3232 COBB PARKWAY #282
CITY-ST-ZIP
ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
D HEAD, JOHN F., JR.
STREET ADDRESS
2880 BAKERS FARM ROAD
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
D HEAD, JOHN F., III
STREET ADDRESS
3495 TUXEDO ROAD
CITY-ST-ZIP
ATLANTA GA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2504 WOODWARD WAY
ATLANTA GA 30305

TITLE ☐ Delete
NAME
D MCINERNEY, PAULA H
STREET ADDRESS
5520 WHITNER DRIVE
CITY-ST-ZIP
ATLANTA GA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
730 WHETEMERE COURT
ATLANTA GA 30327

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 #

404-792-2000

CR2E034 (9/01)