

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90376 014 ***158.75

DOCUMENT # P15222

1. Entity Name
MILNER DOCUMENT PRODUCTS, INC.



Principal Place of Business
5125 PEACHTREE IND BLVD
NORCROSS GA 30092
US

Mailing Address
5125 PEACHTREE IND BLVD
NORCROSS GA 30092
US

2. Principal Place of Business

5125 PEACHTREE IND BLVD

3. Mailing Address

5125 PEACHTREE IND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORCROSS, GEORGIA

City & State

NORCROSS, GEORGIA

Zip

30092

Country

WINNETT

Zip

30092

Country

WINNETT

4. FEI Number **58-1681590**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PTC** ☐ Delete
NAME **MILNER, GENE W., JR.**
STREET ADDRESS **10 HARRIS GLEN**
CITY-ST-ZIP **ATLANTA GA**

TITLE **VS** ☐ Delete
NAME **HAVERSTICK, ROBERT L.**
STREET ADDRESS **5030 PRICE DR - 4998 Price Dr.**
CITY-ST-ZIP **SUWANEE GA 30024**

TITLE **VP** ☐ Delete
NAME **GIBSON, CHARLES M**
STREET ADDRESS **1498 CAMP POINT CT**
CITY-ST-ZIP **ROSWELL GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

ROBERT L. HAVERSTICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2003
Date

770-734-5375
Daytime Phone #

CR2E034 (10/02)