2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 08:00 AM
Secretary of State

DOCUMENT # **P40306**

1. Entity Name
MSTSD, INC.

Principal Place of Business	Mailing Address
3424 PEACHTREE RD. N.E. SUITE C-100 ATLANTA GA 30326	3424 PEACHTREE RD. N.E. SUITE C-100 ATLANTA GA 30326

2. Principal Place of Business	3. Mailing Address
1776 PEACHTREERD., NW	1776 PEACHTREE RD., NW
Suite, Apt. #, etc. SUITE 180 NORTH TOWER	Suite, Apt. #, etc. SUITE 180 NORTH TOWER
City & State ATLANTA GA	City & State ATLANTA GA
Zip / Country 30309 US	Zip / Country 30309 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1822497
☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US	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 _____ **04/24/2000**
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, 2000 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	TD	☐ Delete	TITLE	TD	☒ Change	☐ Addition
NAME	THOMPSON, H. DOUGLAS		NAME	THOMPSON, H. DOUGLAS		
STREET ADDRESS	1156 OLDFIELD ROAD		STREET ADDRESS	1156 OLDFIELD ROAD		
CITY-ST-ZIP	DECATUR GA		CITY-ST-ZIP	DECATUR GA 30030		
TITLE	SD	☐ Delete	TITLE	SD	☒ Change	☐ Addition
NAME	STANDARD, DAVID M.		NAME	STANDARD, DAVID M.		
STREET ADDRESS	2050 EL DORADO DRIVE		STREET ADDRESS	2050 EL DORADO DRIVE		
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	ATLANTA GA 30345		
TITLE	VD	☐ Delete	TITLE	VD	☒ Change	☐ Addition
NAME	SWEAT, LARRY C., JR.		NAME	SWEAT, LARRY C., JR.		
STREET ADDRESS	2542 RIDGEWOOD TERRACE		STREET ADDRESS	3625 RIDGEWOOD RD., N. W.		
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	ATLANTA GA 30327		
TITLE	PCD	☐ Delete	TITLE	PCD	☒ Change	☐ Addition
NAME	MOSELEY, W. GRANT, JR.		NAME	MOSELEY, W. GRANT, JR.		
STREET ADDRESS	910 OLD PARK CT.		STREET ADDRESS	910 OLD PARK CT.		
CITY-ST-ZIP	ROSWELL GA		CITY-ST-ZIP	ROSWELL GA 30075		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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: W. Grant Moseley, Jr. pcd 04/24/2000