

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 201596

1. Entity Name

VEON CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90060 031 ***150.00

Principal Place of Business

5300 LONG ISLAND DRIVE
ATLANTA GA 30328
US

Mailing Address

5300 LONG ISLAND DRIVE
ATLANTA GA 30434-3534
US

2. Principal Place of Business

3187 POWERSFORD
Suite, Apt. #, etc.

3. Mailing Address

3187 POWERS FORD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MARIETTA, GA

Zip Country
30067 USA

City & State
MARIETTA, GA

Zip Country
30067 USA

4. FEI Number NOT APPLICABLE

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
C/O CT CORPORATION SYSTEM
1200 SOUTH 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

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	CD	<input type="checkbox"/> Delete
NAME	SMITH, MARTIN A	
STREET ADDRESS	5300 LONG ISLAND DRIVE	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, SUSAN S	
STREET ADDRESS	3187 POWERSFORD	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, JUDITH	
STREET ADDRESS	5300 LONG ISLAND DRIVE	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Martin A. Smith MARTIN A. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/10/00

720 955-2727
Daytime Phone #

CR2E034 (9/99)