## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # 814825 1. Entity Name **Secretary of State** PICERNE DEVELOPMENT CORPORATION OF GEORGIA Principal Place of Business Mailing Address 577 MULBERRY ST. P.O. BOX 779 MACON GA MACON GA 312020779 312020779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-0684378 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLECK JOHN PJR. 1103 9TH AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON FL34205 US 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 04/27/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) ☐ Addition PICERNE JOHN MAME G NAME 577 MULBERRY ST STREET ADDRESS STREET ADDRESS GA 31210 CITY-ST-ZIP MACON CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME PICERNE ROBERT NAME STREET ADDRESS 577 MULBERRY ST STREET ADDRESS CITY-ST-ZIP MACON GA 31210 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition IONES DOUGLAS NAME STREET ADDRESS 577 MULBERRY STREET, SUITE 1000 STREET ADDRESS CITY-ST-ZIP MACON GA 31201 CITY-ST-ZIP ☐ Delete TITLE Change Addition URITESCU RAYMOND NAME STREET ADDRESS 577 MULBERRY ST. STREET ADDRESS CITY-ST-ZIP MACON GA 31210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/27/2001

Daytime Phone #

Date

Raymond Uritescu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_