

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 814825

FILED
Mar 12, 2003
Secretary of State

Entity Name: PICERNE DEVELOPMENT CORPORATION OF GEORGIA

Current Principal Place of Business:

4875 RIVERSIDE DRIVE
SUITE 104
MACON, GA 31210 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7187
MACON, GA 312097187 US

New Mailing Address:

FEI Number: 58-0684378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLECK, JOHN P JR.
1103 9TH AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URITESCU, RAYMOND
Address: 4875 RIVERSIDE DRIVE SUITE 104
City-St-Zip: MACON, GA 31210

Title: V () Delete
Name: JONES, DOUGLAS
Address: 4875 RIVERSIDE DRIVE SUITE 104
City-St-Zip: MACON, GA 31210

Title: S () Delete
Name: PICERNE, ROBERT M
Address: 4875 RIVERSIDE DRIVE SUITE 104
City-St-Zip: MACON, GA 31210

Title: T () Delete
Name: PICERNE, JOHN G
Address: 4875 RIVERSIDE DRIVE SUITE 104
City-St-Zip: MACON, GA 31210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A. JONES

VP

03/12/2003

Electronic Signature of Signing Officer or Director

Date