

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 815818

1. Entity Name

WEATHERLY INC. OF GEORGIA

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90037 015 ***150.00

Principal Place of Business

1100 SPRING ST NW SUITE 800
ATLANTA GA 30309

Mailing Address

1100 SPRING ST NW SUITE 800
ATLANTA GA 30309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-0860889

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

CT CORPORATION SYSTEM
1200 S. 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, 2001 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 PD ☐ Delete
NAME BOYD, DAVID E
STREET ADDRESS 1350 DENMARK DR.
CITY-ST-ZIP LILBURN GA 30047

TITLE S ☒ Delete
NAME SMITH, GLENN A
STREET ADDRESS 1167 HARROWGROVE CT.
CITY-ST-ZIP MARIETTA GA 30064

TITLE C ☒ Delete
NAME BJORN, SVEDIN
STREET ADDRESS BOX 430 S-691 27
CITY-ST-ZIP KARLSKOGA SW

TITLE D ☐ Delete
NAME LEIF, WILNIER
STREET ADDRESS BOX 430 S-691 27
CITY-ST-ZIP KARLSKOGA SW

TITLE V ☒ Delete
NAME KLIMA, DOUGLAS B.
STREET ADDRESS 275 13TH ST. NE
CITY-ST-ZIP ATLANTA GA 30309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE S ☐ Change ☒ Addition
NAME Thomas H. Saulnier
STREET ADDRESS 1312 Idlewyld Drive
CITY-ST-ZIP Marietta, GA 30064

TITLE D ☐ Change ☒ Addition
NAME Kjell Nilsson
STREET ADDRESS Box 430 S-691 27
CITY-ST-ZIP Karlskoga, Sweden

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

(404) 873-5030

Daytime Phone #

CR2E034 (10/00)