

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90346 046 \*\*\*150.00

**DOCUMENT # 818455**

1. Entity Name  
**ROBERT AND COMPANY**

Principal Place of Business  
**96 POPLAR ST NORTH WEST  
 ATLANTA GA 30335**

Mailing Address  
**96 POPLAR ST NORTH WEST  
 ATLANTA GA 30335**



DO NOT WRITE IN THIS SPACE

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 <b>58-0404938</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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	
TITLE NAME ROBERT, L.W. IV	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 96 POPLAR ST. NW	
CITY-ST-ZIP ATLANTA GA	
TITLE NAME CEO KLUTTZ, M.K.	<input type="checkbox"/> Delete
STREET ADDRESS 96 POPLAR ST. NW	
CITY-ST-ZIP ATLANTA GA 30335	
TITLE NAME EV BEASLEY, LARRY T	<input type="checkbox"/> Delete
STREET ADDRESS 96 POPLAR ST NW	
CITY-ST-ZIP ATLANTA GA 30335	
TITLE NAME V R. P. BENSON	<input type="checkbox"/> Delete
STREET ADDRESS 96 POPLAR ST., NW	
CITY-ST-ZIP ATLANTA GA	
TITLE NAME VD LEAF, M.	<input type="checkbox"/> Delete
STREET ADDRESS 96 POPLAR ST NW	
CITY-ST-ZIP ATLANTA GA 30335	
TITLE NAME SV MAYS, R.A.	<input type="checkbox"/> Delete
STREET ADDRESS 96 POPLAR ST NW	
CITY-ST-ZIP ATLANTA GA 30335	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME COB, PRES., SECRETARY Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 30303	
CITY-ST-ZIP 30303	
TITLE NAME Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 30303	
CITY-ST-ZIP 30303	
TITLE NAME Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 30303	
CITY-ST-ZIP 30303	

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: **5/1/02** Daytime Phone #: **404-577-4000**

CR2E034 (9/01)