

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90110 022 ***150.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-0404938**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPSD <input type="checkbox"/> Delete
NAME	KLUTTZ, M.K.
STREET ADDRESS	96 POPLAR ST. NW
CITY-ST-ZIP	HOMESTEAD FL 33030 30303
TITLE	TD <input type="checkbox"/> Delete
NAME	BEASLEY, LARRY T
STREET ADDRESS	96 POPLAR ST NW
CITY-ST-ZIP	ATLANTA GA 30303 30303
TITLE	V <input type="checkbox"/> Delete
NAME	R. P. BENSON
STREET ADDRESS	96 POPLAR ST., NW
CITY-ST-ZIP	ATLANTA GA 30303 30303
TITLE	VD <input type="checkbox"/> Delete
NAME	LEAF, M.
STREET ADDRESS	96 POPLAR ST NW
CITY-ST-ZIP	ATLANTA GA 30303 30303
TITLE	SVD <input type="checkbox"/> Delete
NAME	MAYS, R.A.
STREET ADDRESS	96 POPLAR ST NW
CITY-ST-ZIP	ATLANTA GA 30303 30303
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Kluttz* **MICHAEL KLUTTZ, PRESIDENT** 3/17/03 404-577-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)