

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827173

1. Entity Name

ABRAMS CONSTRUCTION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90204 024 ***150.00

Principal Place of Business 1945 THE EXCHANGE STE 350 ATLANTA GA 30339 US	Mailing Address 1945 THE EXCHANGE SUITE 350 ATLANTA GA 30339-2069 US
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2. Principal Place of Business 1945 The Exchange Suite, Apt. #, etc. STE 350 City & State Atlanta Ga. Zip 30339 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

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
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOCK, T.F. 1945 THE EXCHG, STE 350 ATLANTA GA 33039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. Andrew Abrams 1945 The Exchange, Suite 300 Atlanta, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, ALAN R 1945 THE EXCHANGE, STE 400 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael W Arasin 1945 The Exchange Suite 350 Atlanta GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, J. H. 1945 THE EXCHG, 350 ATLANTA, GA 0 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCK, T F 1945 THE EXCHG, STE 350 ATLANTA, GA 0 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRITT, B., M. 1945 THE EXCHG, STE 350 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HADGES, JR G 1945 THE EXCHANGE, STE 350 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hodges, George Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other empowered.

SIGNATURE: _____ T.F. STOCK SECRETARY - TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)