

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827173

1. Entity Name
ABRAMS CONSTRUCTION, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90069 049 ***150.00

547801



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1945 THE EXCHANGE
STE 350
ATLANTA GA 30339
US

Mailing Address
1945 THE EXCHANGE
SUITE 350
ATLANTA GA 30339-2029
US

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 **58-1093980**

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 **S** ☐ Delete
NAME **STOCK, T.F.**
STREET ADDRESS **1945 THE EXCHG, STE 350**
CITY-ST-ZIP **ATLANTA GA 33039**

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

TITLE **D** ☐ Delete
NAME **ABRAMS, ALAN R**
STREET ADDRESS **1945 THE EXCHANGE, STE 400**
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **D** ☒ Delete
NAME **RUBIN, J. H.**
STREET ADDRESS **1945 THE EXCHG, 350**
CITY-ST-ZIP **ATLANTA, GA 0 30339**

TITLE **D** ☐ Change ☒ Addition
NAME **J. Andrew Abrams**
STREET ADDRESS **1945 THE EXCHANGE, Suite 300**
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE **T** ☐ Delete
NAME **STOCK, T F**
STREET ADDRESS **1945 THE EXCHG, STE 350**
CITY-ST-ZIP **ATLANTA, GA 0 30339**

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

TITLE **PD** ☐ Delete
NAME **MERRITT, B., M.**
STREET ADDRESS **1945 THE EXCHG, STE 350**
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **VP** ☐ Delete
NAME **HADGES, JR G**
STREET ADDRESS **1945 THE EXCHANGE, STE 350**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **VP** ☒ Change ☐ Addition
NAME **HODGES, GEORGE**
STREET ADDRESS **1945 The Exchange, Ste 350**
CITY-ST-ZIP **ATLANTA, GA 30339**

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 or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.F. STOCK
SECRETARY - TREASURER

Date **4/19/01** Daytime Phone # **770.952.3555**

0446051

CR2E034 (10/00)