

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90050 012 ***150.00

DOCUMENT # 831195

1. Entity Name

AFGD, INC.

Principal Place of Business

**1600 PARKWOOD CIR.
 SUITE 300
 ATLANTIC GA 30339
 US**

Mailing Address

**2201 WATER RIDGE PKWY
 STE 400
 CHARLOTTE NC 28217
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1105024

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **BROOKS, JAMES R.**
 STREET ADDRESS **1600 PARKWOOD CIRCLE, SUITE 300**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **DP** ☐ Delete
 NAME **STILWELL, JOHN**
 STREET ADDRESS **1600 PARKWOOD CR SUITE 300**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **D** ☐ Delete
 NAME **ROGER, KENNEDY D**
 STREET ADDRESS **1600 PARKWOOD CIRCLE, SUITE 300**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **DVPS** ☒ Delete
 NAME **KRAMER, STEVEN E**
 STREET ADDRESS **1400 LINCOLN STREET, P. O. BOX 929**
 CITY-ST-ZIP **KINGSPORT TN**

TITLE **DVPS** ☒ Change ☐ Addition
 NAME **chris Correnti**
 STREET ADDRESS **1400 Lincoln Street**
 CITY-ST-ZIP **Kingsport, TN 37660**

TITLE **D** ☒ Delete
 NAME **KRAMER, S.E.**
 STREET ADDRESS **1400 LINCOLYN ST., P. O. BOX 929**
 CITY-ST-ZIP **KINGSPORT TN**

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

TITLE **V** ☐ Delete
 NAME **DOBIE, ROBERT E.**
 STREET ADDRESS **2201 WATER RIDGE PKWY STE 400**
 CITY-ST-ZIP **CHARLOTTE NC 28217**

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:

Robert E. Dobie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

(704) 329-7627

Daytime Phone #

CR2E034 (9/01)

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12. Additional Officers

John Drometer (V/T/Assistant Secretary)
1600 Parkwood Circle
Suite 300
Atlanta, GA 30339

Larry Blevins (V)
1600 Parkwood Circle
Suite 300
Atlanta, GA 30339

Brian Martineau (V)
1600 Parkwood Circle
Suite 300
Atlanta, GA 30339

Paul Fitzgerald (V)
1600 Parkwood Circle
Suite 300
Atlanta, GA 30339