

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **834486**

1. Entity Name

**COLUMBIA CONSTRUCTORS, INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90053 022 \*\*\*150.00

Principal Place of Business <b>381 TWITCHELL RD DOTHAN AL 36303 US</b>	Mailing Address <b>P.O. BOX 8888 DOTHAN AL 36304 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>63-0596632</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 \_\_\_\_\_  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <del>WALKER, JOHN A</del> <del>381 TWITCHELL ROAD</del> <del>DOTHAN AL 36303</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, William B. 900 Ashwood Pkwy Suite 700 Atlanta, GA 30338 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>STRAIN, JAMES A</del> <del>381 TWITCHELL RD</del> <del>DOTHAN AL 36303</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Meyer, Paul S. 900 Ashwood Pkwy Suite 700 Atlanta, GA 30338 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <del>HOLDEN, WILLIAM C</del> <del>269 TWITCHELL ROAD</del> <del>DOTHAN AL 36303</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Connolly, John V. 900 Ashwood Pkwy Suite 700 Atlanta GA 30338 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <del>RAISEALL, PAUL</del> <del>269 TWITCHELL ROAD</del> <del>DOTHAN AL 36303</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT Jones, Richard A. 3499 Blazer Pkwy Lexington, KY 40509 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS <del>CHAMBERS, TERRY</del> <del>381 TWITCHELL ROAD</del> <del>DOTHAN AL 36303</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT M. Ray Pace 3499 Blazer Pkwy Lexington KY 40509 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <del>VALES, T. GORDY</del> <del>500 DEIDERICK BLVD</del> <del>RUSSELL KY 41169</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input 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 all other like empowered.

SIGNATURE:

Richard A Jones

2-22-2001

(859) 357-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)