

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90021 046 \*\*\*150.00

05030300 AT

**DOCUMENT # 842640**  
 1. Entity Name  
**WATKINS ASSOCIATED DEVELOPERS, INC.**

Principal Place of Business Mailing Address  
**1958 MONROE DRIVE NE** **1958 MONROE DRIVE NE**  
**ATLANTA GA 30324** **ATLANTA GA 30324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-1341051</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, W. NEAL</b>	NAME	
STREET ADDRESS	<b>1946 MONROE DR, N.E.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>READY, GEORGE W JR</b>	NAME	
STREET ADDRESS	<b>1958 MONROE DR NE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA, GA 00000</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRING, W.T.</b>	NAME	
STREET ADDRESS	<b>1946 MONROE DRIVE N.E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	CITY-ST-ZIP	
TITLE	DVAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, MICHAEL L</b>	NAME	
STREET ADDRESS	<b>1958 MONROE DRIVE NE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30324</b>	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, LEE S</b>	NAME	
STREET ADDRESS	<b>1946 MONROE DRIVE NE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30324-4887</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *George W. Ready, Jr.* **GEORGE W READY, JR/SEC** **4-12-02** **404-872-3841**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)