

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90102 008 \*\*\*150.00

**DOCUMENT # 844450**

1. Entity Name

**CONVEYORS AND DRIVES, INC.**

Principal Place of Business

1738 MACARTHUR BLVD. N.W.  
 PO BOX 19955. STATION N  
 ATLANTA GA 30318

Mailing Address

1738 MACARTHUR BLVD. N.W.  
 PO BOX 19955. STATION N  
 ATLANTA GA 30318

**C0017943**

2. Principal Place of Business

1850 C MacArthur Blvd NW  
 Suite, Apt. #, etc.  
 PO BOX 19955 STATION N

3. Mailing Address

1850 C MacArthur Blvd  
 Suite, Apt. #, etc.  
 PO BOX 19955 STATION N

DO NOT WRITE IN THIS SPACE

City & State

ATLANTA GA

City & State

ATLANTA GA

4. FEI Number

58-1075828

Applied For

Not Applicable

Zip

30318

Country

FULTON

Zip

30318

Country

FULTON

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 **VPS** ☐ Delete  
 NAME **FULGHUM, LARRY W**  
 STREET ADDRESS **1277 INDEPENDENCE WAY**  
 CITY-ST-ZIP **MARIETTA GA 30062**

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

TITLE **PD** ☐ Delete  
 NAME **ASHLEY, L GARY**  
 STREET ADDRESS **5109 SHERIDAN LN**  
 CITY-ST-ZIP **DUNWOOD GA 30338**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 endorsements.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L Gary Ashley

404-355-1511

Date

Daytime Phone #

CR2E034 (10/00)