

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2001 08:00 AM

Secretary of State

DOCUMENT # A26761

1. Entity Name
GEORGIA ALLIED SYSTEMS LIMITED PARTNERSHIP

Principal Place of Business
160 CLAIRMONT AVENUE, SUITE 600
DECATUR GA 30030

Mailing Address
160 CLAIRMONT AVENUE, SUITE 600
DECATUR GA 30030

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
58-1710028

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 US

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 _____ DATE 08/21/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 250,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 250,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME ALLIED AUTOMOTIVE GROUP, INC.
STREET ADDRESS 160 CLAIREMONT AVE., SUITE 600
CITY-ST-ZIP DECATUR GA 30030

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: DAVID S. FORBES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TR 08/21/2001

Date

Daytime Phone #

CR2E003 (11/00)