

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000211

1. Entity Name

THE SYSTEMS DEPOT, LTD.

Principal Place of Business

3231 OAKCLIFF INDUSTRIAL STREET  
ATLANTA GA 30340

Mailing Address

3231 OAKCLIFF INDUSTRIAL STREET  
ATLANTA GA 30340-2903

2. Principal Place of Business

3246 Hwy 70 W  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1761  
Suite, Apt. #, etc.

City & State

Connelly Springs NC

City & State

Hildebran NC

Zip

28612

Country

Zip

28637

Country

4. FEI Number

62-1665566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -3 AM 9:25

*nf*

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # M97000000024  
NAME MOOSE, LLC  
STREET ADDRESS C/O P.O. BOX 2268  
CITY - ST - ZIP HICKORY NC 28603

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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

Wade E. Moose, Manager, Moose LLC

SIGNATURE:

*Wade E. Moose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-19-00

Date

838-397-4200

Daytime Phone #

CR2E003 (9/99)