

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000000930**1. Entity Name
UNITED AFFORDABLE HOUSING, INC.Principal Place of Business
2609 SKYLAND DRIVE NE
ATLANTA GA 303193639
Mailing Address
2609 SKYLAND DRIVE NE
ATLANTA GA 3031936392. Principal Place of Business
202 FOREST AVE
Suite, Apt. #, etc.3. Mailing Address
202 FOREST AVE
Suite, Apt. #, etc.City & State
MARIETTA GA
Zip Country
300604. FEI Number
58-2403438
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
JACKSON CARROL W
7202 SOUTH LAGOON DRIVE
PANAMA CITY BEACH FL 32408 US7. Name and Address of New Registered Agent
Name
JACKSON CARROL W
Street Address (P.O. Box Number is Not Acceptable)
155 REDINGTON DRIVE
City
REDINGTON BEACH FL Zip Code
33708

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 **CARROL W JACKSON****01/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to
Department of State**10. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CLARENCE E. NASH** D 01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)