

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002067

1. Entity Name

CSCM.COM, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90026 044 ***150.00

Principal Place of Business

8300 DUNWOODY PLACE, SUITE 209
ATLANTA GA 30350-3304

Mailing Address

8300 DUNWOODY PLACE, SUITE 209
ATLANTA GA 30350-3304

2. Principal Place of Business

8302 Dunwoody Place

3. Mailing Address

8302 Dunwoody Place

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Atlanta, GA

City & State

Atlanta, GA

4. FEI Number

58-2531185

Applied For

Not Applicable

Zip

30350

Country

USA

Zip

30350

Country

USA

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

CRUMMITT, DARLYNE
1737 ARDEN WAY
JACKSONVILLE BEACH FL 32250

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 CPST ☐ Delete
NAME CARL, ROBERT D III
STREET ADDRESS 8300 DUNWOODY PLACE, SUITE 209
CITY-ST-ZIP ATLANTA GA 30350-3304

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

TITLE V ☐ Delete
NAME SCOTT, MICHAEL R
STREET ADDRESS 8300 DUNWOODY PLACE, SUITE 209
CITY-ST-ZIP ATLANTA GA 30350-3304

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert D. Carl III

4-30-01 (770) 518-7020

CR2E034 (10/00)