

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000002280**

1. Entity Name

LENDMARK FINANCIAL SERVICES, INC.**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90012 048 ***150.00

Principal Place of Business

Mailing Address

**1506 KLONDIKE ROAD, SUITE 400
CONYERS GA 30094****1506 KLONDIKE ROAD, SUITE 400
CONYERS GA 30094**

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 **58-2257419**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 **PCEO** ☐ Delete
NAME **AIKEN, ROBERT W**
STREET ADDRESS **1506 KLONDIKE ROAD, SUITE 400**
CITY-ST-ZIP **CONYERS GA 30094**TITLE **PCEO/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **BURGAMY, JOE H**
STREET ADDRESS **1506 KLONDIKE ROAD, SUITE 400**
CITY-ST-ZIP **CONYERS GA 30094**TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **THOMAS, DAREN L**
STREET ADDRESS **1506 KLONDIKE ROAD, SUITE 400**
CITY-ST-ZIP **CONYERS GA 30094**TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **STARNES, CLARKE R III**
STREET ADDRESS **150 SOUTH STRATFORD ROAD, SUITE 202**
CITY-ST-ZIP **WINSTON SALEM NC 27104**TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **CHALK, W. KENDALL**
STREET ADDRESS **200 WEST SECOND STREET, 14TH FLOOR**
CITY-ST-ZIP **WINSTON SALEM NC 27102**TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **DALE, TIMOTHY C**
STREET ADDRESS **223 WEST NASH STREET**
CITY-ST-ZIP **WILSON NC 27894**TITLE **D** ☒ 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

4-30-01

Date

770-761-1030

Daytime Phone #

CR2E034 (10/00)

Attachment
969903
#F00000062280

"Addition to Block 12"

Title Name Street Address City- State-Zip	V/D Marian Mackle 1506 Klondike Road, Suite 400 Conyers, GA 30094	() Change	(x) Addition
Title Name Street Address City- State-Zip	D Dave Huntington 34 Franklin Street Petersburg, VA 23803	() Change	(x) Addition
Title Name Street Address City- State-Zip	S Robert R. Dennison, II 1506 Klondike Road, Suite 400 Conyers, GA 30094	() Change	(x) Addition