

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002786

1. Entity Name

GEORGIA PUBLIC WEB, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90116 022 ****61.25

Principal Place of Business

430 10TH ST., N.W.
SUITE 104
30318-4686 GA 30309

Mailing Address

430 10TH ST., N.W.
SUITE 104
30318-4686 GA 30309

2. Principal Place of Business

430 10th Street
Suite, Apt. #, etc.
Suite S-204

3. Mailing Address

430 10th Street
Suite, Apt. #, etc.
Suite S-204

City & State
Atlanta, GA 30318

Zip Country

City & State
Atlanta, GA 30318

Zip Country

4. FEI Number 58-2547104

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 P
NAME LEGO, DOUG ☐ Delete
STREET ADDRESS 430 10TH ST., N.W., SUITE 104
CITY-ST-ZIP ATLANTA GA 30318-4686

TITLE S
NAME WILSON, SCOTT ☒ Delete
STREET ADDRESS 234 N MCINTOSH STREET
CITY-ST-ZIP ELBERTON GA

TITLE CD
NAME CADENHEAD, ELLIS ☐ Delete
STREET ADDRESS 70 SEWELL ROAD
CITY-ST-ZIP NEWNAN GA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)