

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004025

1. Entity Name  
NORO MANAGEMENT, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90009 025 \*\*\*150.00

Principal Place of Business  
2060 MOUNT PARAN ROAD, SUITE 100  
ATLANTA GA 30327

Mailing Address  
2060 MOUNT PARAN ROAD, SUITE 100  
ATLANTA GA 30327

2. Principal Place of Business  
104 INTERSTATE NORTH  
SUITE, Apt. #, etc.  
PARKWAY EAST SE  
City & State  
ATLANTA, GA 30339  
Zip  
30339  
Country  
USA

3. Mailing Address  
104 INTERSTATE NORTH  
SUITE, Apt. #, etc.  
PARKWAY EAST SE  
City & State  
ATLANTA, GA  
Zip  
30339  
Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1799179  
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PC SEXTON, JOHN W 2060 MOUNT PARAN ROAD, SUITE 100 ATLANTA GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	104 INTERSTATE NORTH PKWY EAST SE ATLANTA, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEZZULLO, ARTHUR III 2060 MOUNT PARAN ROAD, SUITE 100 ATLANTA GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	104 INTERSTATE NORTH PKWY EAST SE ATLANTA, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/15/01 478-589-9500  
Date Daytime Phone #

CR2E034 (10/00)