2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000836

TOMPKINS, MICHAEL E

ATLANTA, GA 303184208

1575 NORTHSIDE DR., N.W., STE. 200

Name:

Address:

City-St-Zip:

Entity Name: ATLANTIC INVESTORS GROUP, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:		
1575 NOR		LOGY CENTER E, N.W., STE. 200 08			
Current Mailing Address:			New Mailing Address:		
1575 NOR		LOGY CENTER E, N.W., STE. 200 08			
FEI Number:	: 58-2103957	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ON, FL 33324	ND ROAD			
	named entity e of Florida.	submits this statement for the լ	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STICE, JAMES	DE DR., N.W., STE. 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STICE, JAMES	DE DR., N.W., STE. 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LECRAW, JUL	DE DR., N.W., STE. 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D (. Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES G. STICE PRES 04/30/2002