

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90197 012 ***150.00

DOCUMENT # F01000000836



1. Entity Name
ATLANTIC INVESTORS GROUP, INC.

Principal Place of Business
**100 ATLANTA TECHNOLOGY CENTER
1575 NORTHSIDE DRIVE, N.W., STE. 200
ATLANTA GA 30318-4208**

Mailing Address
**100 ATLANTA TECHNOLOGY CENTER
1575 NORTHSIDE DRIVE, N.W., STE. 200
ATLANTA GA 30318-4208**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2103957**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PVT STICE, JAMES G**
STREET ADDRESS **1575 NORTHSIDE DR., N.W., STE. 200**
CITY-ST-ZIP **ATLANTA GA 30318-4208**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CD STICE, JAMES G**
STREET ADDRESS **1575 NORTHSIDE DR., N.W., STE. 200**
CITY-ST-ZIP **ATLANTA GA 30318-4208**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD LECRAW, JULIAN JR.**
STREET ADDRESS **1575 NORTHSIDE DR., N.W., STE. 200**
CITY-ST-ZIP **ATLANTA GA 30318-4208**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D TOMPKINS, MICHAEL E**
STREET ADDRESS **1575 NORTHSIDE DR., N.W., STE. 200**
CITY-ST-ZIP **ATLANTA GA 30318-4208**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: *James G Stice* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/17/03** Daytime Phone #: **4063522800**

CR2E034 (10/02)