

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90163 022 \*\*\*150.00

**DOCUMENT # F01000002271**



1. Entity Name  
**AIMCO OF GEORGIA, INC.**

Principal Place of Business  
**2314 EAST 13TH AVENUE  
CORDELE GA 31015**

Mailing Address  
**P.O. BOX 487  
CORDELE GA 31015**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **58-2353887**

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. 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, J. WAYNE</b>	
STREET ADDRESS	<b>3420 S. FLETCHER AVE., #404</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, JERRY M</b>	
STREET ADDRESS	<b>P.O. BOX 1215</b>	
CITY-ST-ZIP	<b>CORDELE GA 31010</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CHILDERS, GARLAND S</b>	
STREET ADDRESS	<b>4910 VAN CISE LANE</b>	
CITY-ST-ZIP	<b>ALBANY GA 31707</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, BRADFORD B</b>	
STREET ADDRESS	<b>102 CEDAR LAKE DRIVE</b>	
CITY-ST-ZIP	<b>CORDELE GA 31015</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOBBS, MIXON M</b>	
STREET ADDRESS	<b>122 BOBWHITE DRIVE</b>	
CITY-ST-ZIP	<b>CORDELE GA 31015</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DENHAM, CURTIS L</b>	
STREET ADDRESS	<b>174 SPRINGHILL DRIVE</b>	
CITY-ST-ZIP	<b>TIFTON GA 31794</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** *Controller* **4/30/03** **229** **271-4900**

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (10/02)