

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002425

1. Entity Name
ENTERPRISE CAPITAL MANAGEMENT, INC.

Principal Place of Business
3343 PEACHTREE ROAD, N.E., SUITE 450
ATLANTA GA 30326

Mailing Address JAN - 8 2002
3343 PEACHTREE ROAD, N.E., SUITE 450
ATLANTA GA 30326

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90136 035 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-1660289		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

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.

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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD UGOLYN, VICTOR 17 CARDINAL COURT RIDGEFIELD CT 06877 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCLELLAN, CATHERINE R 1647 FRIAR TUCK ROAD ATLANTA GA 30309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GOFF, PHILLIP G 310 COTTONFIELD WAY ALPHARETTA GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS WILLIAMSON, HERBERT M 500 STONEBROOK FARMS DRIVE ALPHARETTA GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Catherine R. McClellan 2/6/02 404-760-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



Attachment

824016

VIA CERTIFIED MAIL RETURN RECEIPT

February 7, 2002

Florida Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Enterprise Capital Management, Inc.
UBR Document No. F01000002425

Dear Administrator:

Enclosed please find for filing, the following documents for the referenced firm:

1. Executed State of Florida Profit Corporation Annual Report 2002;
and
2. The firm's check in the amount of \$150.00 to cover the cost of the
required fee.

Should you have any questions or require additional information, please call me at 404.760.4041.

Sincerely,

A handwritten signature in black ink, appearing to read "Regina M. Scott".
Regina M. Scott
Corporate Paralegal

RMS:dds

Enclosures