

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State
 06-01-2001 90004 030 ***550.00

0446117

DOCUMENT # F93000001960

1. Entity Name
CULPEPPER, MCAULIFFE AND MEADERS, INC.

Principal Place of Business
**3300 NE EXPRESSWAY
 BUILDING #6
 ATLANTA GA 30341**

Mailing Address
**3300 NE EXPRESSWAY
 BUILDING #6
 ATLANTA GA 30341**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1721167**

Applied For
 Not Applicable

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.

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	C	<input type="checkbox"/> Delete
NAME	CULPEPPER, JAMES F	
STREET ADDRESS	3300 NE EXPRESSWAY #6	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	C	<input type="checkbox"/> Delete
NAME	MCAULIFFE, JAMES R	
STREET ADDRESS	3300 NE EXPRESSWAY #6	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MEADERS, ROBERT E	
STREET ADDRESS	3300 NE EXPRESSWAY #6	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	T	<input type="checkbox"/> Delete
NAME	WENZEL, RANEE K.	
STREET ADDRESS	3300 NE EXPRESSWAY #6	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT P	
STREET ADDRESS	3300 NE EXPRESSWAY #6	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: *Ranee K Wenzel* / **RANEE K WENZEL** **5-30-01** **(770) 676-7600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)