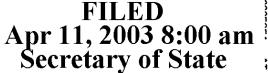
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** F93000001960 DOCUMENT # 1. Entity Name

CITY-ST-ZIP



Entity Name CULPEPPER	, MCAULIFFE AND	MEADERS, INC.	04-11-2003 90177 02	2 ***150.00				
Principal Place of Business 3300 NE EXPRESSWAY BUILDING #6 ATLANTA GA 30341		Mailing Address 3300 NE EXPRESSWA BUILDING #6 ATLANTA GA 30341	3300 NE EXPRESSWAY BUILDING #6					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		-	01 71016 10110 61111 7011 1001		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 58-1721167	Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry		d S8.75 Additional Fee Required		
	. Name and Address of C	urrent Registered Agent		المنتواة برياء الما	~7. Name and Address of New Registered Ag	ent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)				

	cions of registered agent.	osc of changing no to	giotorea emed en	rogiotorba agorii, t				
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: R	egistered Agent signatur	re required when reinstatir	ng)	DATE		·
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			٤	Election Campaign F     Trust Fund Contribut			<b>0</b> May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIO	ONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CULPEPPER, JAMES F 3300 NE EXPRESSWAY #6 ATLANTA GA 30341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCAULIFFE, JAMES R 3300 NE EXPRESSWAY #6 ATLANTA GA 30341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEADERS, ROBERT E 3300 NE EXPRESSWAY #6 ATLANTA GA 30341	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	a traggetin agegraphic e q	. <u> </u>	· છ	Change	☐ Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WENZEL, RANEE K. 3300 NE EXPRESSWAY #6 ATLANTA GA 30341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ROBERT P 3300 NE EXPRESSWAY #6 ATLANTA GA 30341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition

ative submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept

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.

CITY-ST-ZIP

**SIGNATURE** 

**4**.8.2003

(770) 676-7600