

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002509

1. Entity Name

PINKERTON & LAWS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90092 009 ***150.00

Principal Place of Business

Mailing Address

1810 WATER PLACE
 SUITE 200
 ATLANTA GA 30339

1810 WATER PLACE
 SUITE 200
 ATLANTA GA 30339-2048

2. Principal Place of Business

3. Mailing Address

1165 NORTHCHASE PKWY

1165 NORTHCHASE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

MARIETTA, GA

MARIETTA, GA

Zip

Country

Zip

Country

30067 GA

30067

USA

4. FEI Number

58-2039068

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

CRAIG, MATTHEW
 901 N. LAKE DESTINY ROAD
 SUITE 300
 MAITLAND FL 32751

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP COIL, LAWRENCE D 1810 WATER PLACE ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JERNIGAN, JEFFREY S 1810 WATER PLACE ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILDERBRAND, PATRICIA 1810 WATER PLACE ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 1165 NORTHCHASE PKWY #100 MARIETTA, GA 30067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 1165 NORTHCHASE PKWY #100 MARIETTA, GA 30067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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:

Patricia Hilderbrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

770/956-9000

Daytime Phone #

CR2E034 (9/99)