

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 020 ***150.00

DOCUMENT # F93000002509 (2001 UBR)

1. Entity Name

PINKERTON & LAWS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1165 NORTHCASE PKWY

Suite, Apt. #, etc.

SUITE #100

City & State

MANIETTA, GA

Zip

30067

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

SP-2039068

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MATTHEW CRAIG

Street Address (P.O. Box Number is Not Acceptable)

901 N. LAKE DESTINY ROAD

SUITE 300

City

MAITLAND

FL

Zip Code
32751

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 NO CHANGE -

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CEOP	LAURENCE D. COIL	1165 NORTHCASE PKWY #100	MANIETTA, GA 30067
V	JEFFREY A. JENNIGAN	1165 NORTHCASE PKWY #100	MANIETTA, GA 30067
ST	PATRICIA HILDEBRAND	1165 NORTHCASE PKWY #100	MANIETTA, GA 30067
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP				
DO NOT WRITE IN THIS SPACE							

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Hildebrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA HILDEBRAND

SECRET

4-25-02

Date

770/956-9000

Daytime Phone #

x123

CR2E034B (12/01)