

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90105 044 ***150.00

DOCUMENT # F93000002509

1. Entity Name
PINKERTON & LAWS, INC.



Principal Place of Business
1165 NORTHCHASE PKWY
100
MARIETTA GA 30067

Mailing Address
1165 NORTHCHASE PKWY
100
MARIETTA GA 30067

*SPELLING
CORRECTION*

2. Principal Place of Business
1165 NORTHCHASE PKWY

3. Mailing Address
← SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **58-2039068**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEOP** ☐ Delete
NAME **COIL, LAWRENCE D**
STREET ADDRESS **1165 NORTH CHASE PKWY #100**
CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **V** ☐ Delete
NAME **JERNIGAN, JEFFREY S**
STREET ADDRESS **1165 NORTH CHASE PKWY #100**
CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **ST** ☐ Delete
NAME **HILDERBRAND, PATRICIA**
STREET ADDRESS **1165 NORTHCHASE PKWY #100**
CITY-ST-ZIP **MARIETTA GA 30067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE: *Patricia Hilderbrand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03 770-956-9000

Date Daytime Phone # **8123**

CR2E034 (10/02)