

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000002551**

1. Entity Name

SEDCO, INC. - GEORGIA**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90086 045 ***150.00

Principal Place of Business

Mailing Address

**4305 STEVE REYNOLDS BLVD
NORCROSS GA 30093****4305 STEVE REYNOLDS BLVD
NORCROSS GA 30093-3362**

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

58-1096068

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
1311 EXECUTIVE CENTER DR. STE 200
TALLAHASSEE FL 32301**

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PC	MARION, JOHN D	4305 STEVE REYNOLDS BLVD	NORCROSS GA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SMITH, WAYNE B SR	4305 STEVE REYNOLDS BLVD	NORCROSS GA 30093	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DC	SMITH, GEORGE R SR	4305 STEVE REYNOLDS BLVD	NORCROSS GA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSTD	MANNO, FRANK A	4305 STEVE REYNOLDS BLVD.	NORCROSS GA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	STEPHEN E. SMITH	4305 STEVE REYNOLDS BLVD.	NORCROSS GA 30093	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK A. MANNO 2/18/00 770/925-4706

Date

Daytime Phone #