2000 UNIFORM BUSINESS REPORT (UBR)

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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F93000002688** May 02, 2000 8:00 am **Secretary of State** UNITED COMMERCIAL CONSTRUCTION, INC. 05-02-2000 90102 017 ***150.00 Mailing Address Principal Place of Business 4200 PERIMETER PARK SOUTH, SUITE 250 4200 PERIMETER PARK SOUTH, SUITE 250 ATLANTA GA 30341-6801 ATLANTA GA 30341-1202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1973239 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PCD** Delete TITLE TITLE NAME NAME WILSON, ROBERT M STREET ADDRESS STREET ADDRESS 12800 BUCKSPORT DRIVE CITY-ST-ZIP CITY-ST-ZIP **ROSWELL GA 30075** VTD X Change ☐ Addition Delete TITLE Cash, Larry C NAME CASH, LARRY C NAME 555 Bellemont Court STREET ADDRESS STREET ADDRESS 3694 COLD WATER LANE CITY-ST-ZIP Duluth, GA 30097 CITY-ST-ZIP SNELLVILLE GA 30039 ___Change____ Addition -Delete TITLE TITLE NAME PATE, PAULA R NAME STREET ADDRESS 205 RICHMOND PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWNAN GA 30265** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Robert M. Wilson, Pres.

04/26/00 770/455-0092