

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004750

1. Entity Name

NEAL AND LOIA CONSTRUCTION COMPANY

Principal Place of Business

5076 WINTERS CHAPEL RD.
SUITE 100
ATLANTA GA 30360

Mailing Address

5076 WINTERS CHAPEL RD.
SUITE 100
ATLANTA GA 30360

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

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's 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, 2001 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

TITLE	P	☐ Delete
NAME	NEAL, WILLIAM R	
STREET ADDRESS	2722 REGAL WAY	
CITY- ST- ZIP	TUCKER GA 30084	
TITLE	ST	☐ Delete
NAME	LOIA, MICHAEL A	
STREET ADDRESS	7180 CHATTAHOOCHEE BLUFF	
CITY- ST- ZIP	ATLANTA GA 30360	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	William R. Neal	
STREET ADDRESS	9435 Nesbitt Lakes Drive	
CITY- ST- ZIP	Alpharetta, GA 30022	
TITLE	ST	☒ Change ☐ Addition
NAME	Michael A. Loia	
STREET ADDRESS	360 Ferry Landing, NW	
CITY- ST- ZIP	Atlanta, GA 30328	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

Michael A. LOIA-ST 4/26/01 379-0636

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90058 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)