2002 Uniform Business Report (UBR)

SIGNATURE: A

Mar 18, 2002 8:00 am Secretary of State DOCUMENT # F93000005847 1. Entity Name 03-18-2002 90052 047 ***150 00 SOUTHERN SALES & MARKETING GROUP, INC. Principal Place of Business Mailing Address 4400 COMMERCE CR SW 4400 COMMERCE CR SW ATLANTA GA 30336 ATLANTA GA 30336 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2013442 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARBAUGH, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 2304 47TH AVE. TAMPA FL 33605 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition NAME HARBAUGH, KENNETH A NAME STREET AUDRESS 2304 47 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete Change | ☐ Addition NAME HARBAUGH, KENNETH A STREET ADDRESS STREET ADDRESS 2304 47TH AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 TITLE V - - - -Delete TITLE ☐ Change ■ Addition NAME **BUCKNER, TERRY** NAME STREET ADDRESS 4400 COMMERCE CIRCLE SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30336 ☐ Delete TIT) F ☐ Change Addition NAME NAME MILLER, GARY E STREET ADDRESS STREET ADDRESS 4400 COMMERCE CIRCLE SW CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30336 Delete TITLE ☐ Change Addition NAME NAME MARTIN, RUBY STREET ADDRESS STREET ADDRESS 4400 COMMERCE CIRCLE SW CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30336 □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N HARBAUGH — CHATRMAN

FILED

03/01/2002

<u>404-505-5900</u>