

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90088 022 ***150.00

DOCUMENT # F94000000233

1. Entity Name

TRIUS PROPERTIES, INC.

Principal Place of Business

ATTN: MARGARET M. MORRIS
2090 JONESBORO ROAD. S.E.
ATLANTA GA 30315-6704

Mailing Address

ATTN: MARGARET M. MORRIS
2090 JONESBORO ROAD. S.E.
ATLANTA GA 30315-6704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

112 KROG ST.

Suite, Apt. #, etc.

SUITE 26

City & State

ATLANTA GA

Zip

30307

Country

U.S.A

3. Mailing Address

112 KROG ST.

Suite, Apt. #, etc.

SUITE 26

City & State

ATLANTA GA

Zip

30307

Country

U.S.A.

4. FEI Number

58-2081792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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.

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, 2002 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	CP	<input type="checkbox"/> Delete
NAME	PRESSLEY, ADRIAN W	
STREET ADDRESS	218 CHURCH ST.	
CITY-ST-ZIP	MARIETTA GA 30060	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WINSHIP, BLANTON C	
STREET ADDRESS	4080 E. BROOKHAVEN DR.	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSHIP, H. DILLON III	
STREET ADDRESS	1103 HAZELTINE LANE	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORRIS, MARGARET M.	
STREET ADDRESS	25 SPRING VALLEY DRIVE	
CITY-ST-ZIP	COVINGTON GA 30016	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MORRIS, MARGARET M.	
STREET ADDRESS	2090 JONESBORO ROAD	
CITY-ST-ZIP	ATLANTA GA 30315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3936 CLUB DR.	
CITY-ST-ZIP	ATLANTA, GA 30319-1112	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	KENNESAW, GA 30152-4742	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	COVINGTON, GA 30016-8239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margaret M. Morris, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-02 404-624-5531

CR2E034 (9/01)