## 2002 Uniform Business Report (UBR)

DOCUMENT # WEST F9400001000  1. Entity Name Strate					Secretary of State 04-01-2002 90071 027 ***150.00		
Principal Place of Business 1775 WOODSTOCK ROAD SUITE 150 ROSWELL GA 30075 US		Mailing Address 10931 CRABAPPLE RD STE 201 ROSWELL GA 30075 US			B0056424		
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address 1775 Woodstock Road Suite, Apt. #, etc.					
City & State		Suite 150 City & State		4.	4. FEI Number 58-2094137 Applied For Not Applicable		
Zìp	Country	Zip 30075	Country US	5.	Certificate of Status Desired	\$8.75 Add	ditional
6; Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Name Street A	7. Name and Address of New Registered Agent			
PLANTATION FL 33324			City	FL Zip Code			
Tax filing r (See criter	Signature, typed or printed name of registered agent en praction is eligible to satisfy its Intangible requirement and elects to do soria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable	to Department	00 50.00 t of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	<b>0</b> May Be to Fees
11.  TITLE SEARCH IN AME STREET ADDRESS CITY-ST-ZIP	PD BOWEN, HOWARD E 10931 CRABAPPLE ROAD, SUITE ROSWELL GA 30075	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		podstock Road, Suite 1, GA 30075	<b>K</b> Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARVIN, WILLIAM S 10931 CRABAPPLE ROAD, STE 20 ROSWELL GA 30075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1775 Wo Roswell	oodstock Road, Suite L, GA 30075	<b>X</b> Change <b>150</b>	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARRISON, JAMES H 5731 LYONS VIEW DRIVE, SUITE : KNOXVILLE TN 37919	- □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPES, FRANKLIN M 1117 PERIMETER CENTER W., SU ATLANTA GA 30338	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		[] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee emoow or on an attachment with an address, with	ue and accurate and that my	signature shall ha	ave the same	legal effect as if made under oath; that	l am an officer	or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

770/650-3939 Daytime Phone #