

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90662 050 ***150.00

DOCUMENT # F94000003249

1. Entity Name

E A TECHNICAL SERVICES, INC.



Principal Place of Business

~~SUITE 100-390~~
~~2025 CUMBERLAND PARKWAY~~
~~ATLANTA GA 30330~~

Mailing Address

~~SUITE 100-390~~
~~2025 CUMBERLAND PARKWAY~~
~~ATLANTA GA 30330~~

2. Principal Place of Business

1220 OLD ALPHARETTA ROAD

Suite, Apt. #, etc.

SUITE 390

City & State

ALPHARETTA, GA

Zip

30005

Country

3. Mailing Address

1220 OLD ALPHARETTA ROAD

Suite, Apt. #, etc.

SUITE 390

City & State

ALPHARETTA, GA

Zip

30005

Country

4. FEI Number

58-1968340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WILSON, DOUGLAS H
3951 CENTRE COURT
NORCROSS GA 30092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
HARTER, THOMAS C
454 SUMMIT OVERLOOK DRIVE
DAWSONVILLE GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAY, CARL S
127 PINEDALE RD
TERRY MS 39170 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

Thomas C. Harter 3/12/03

678-
455-7116

Date

Daytime Phone #

CR2E034 (10/02)