

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90066 001 ***158.75

DOCUMENT # F94000004124

1. Entity Name
GEORGIA/ATLANTIC CONTRACTORS, INC.

Principal Place of Business

**4193 RUFUS PLACE
DORAVILLE GA 30340
US**

Mailing Address

**4193 RUFUS PLACE
DORAVILLE GA 30340
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1657796

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILEY, KIM
3400 OCEAN SHORE BLVD
#3
ORMOND BCH FL 32176**

Name

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

✓ 3030 Oceanshore Blvd

City

✓ Ormond Beach

FL

Zip Code

✓ 32176

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

Kim Bailey

1/7/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BAILEY, KIM	
STREET ADDRESS	3205 LONG IRON DR.	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BAILEY, TRACEY	
STREET ADDRESS	5335 HIGHLAND GATE DR	
CITY-ST-ZIP	SUWANEE GA 30024	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, DORIS	
STREET ADDRESS	5831 LAKESHORE DR.	
CITY-ST-ZIP	BUFORD GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, KRISTEN	
STREET ADDRESS	6216 TALL WOODS CT	
CITY-ST-ZIP	FLOWERY BRANCH GA 30542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

(770)409-0040

Daytime Phone #

CR2E034 (9/01)