

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006497

1. Entity Name

COMMERCIAL FACTORS OF ATLANTA, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 040 ***150.00

Principal Place of Business

5901-C PEACHTREE-DUNWOODY RD.
SUITE 100
ATLANTA GA 30328

Mailing Address

5901-C PEACHTREE-DUNWOODY RD.
SUITE 100
ATLANTA GA 30328

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 JOHNSON FERRY RD

3. Mailing Address

1100 JOHNSON FERRY RD

Suite, Apt. #, etc.

580

Suite, Apt. #, etc.

580

City & State

ATLANTA GA

City & State

ATLANTA GA

4. FEI Number

58-2079581

Applied For

Not Applicable

Zip

30342

Country

Zip

30342

Country

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

BERK, STEVE
8544 BAILEY DR
CLEREMONT FL 34711

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]

4/10/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
EDEN, TRACY D
5901-C PEACHTREE-DUNWOODY ROAD, STE 100
ATLANTA GA 30328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
EDEN, TRACY D
1100 JOHNSON FERRY RD #580
ATLANTA GA 30342 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
EDEN, THOMAS L
8621 SCARSDALE
LAS VEGAS NV ☐ Delete

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

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

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

TRACY D. EDEN

Date

Daytime Phone #

4044598005

CR2E034 (10/00)