## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 05, 2001 8:00 am Secretary of State DOCUMENT # F9500001865 GERALD L. DAVIS & ASSOCIATES, INC. 03-05-2001 90315 050 \*\*\*150.00 Mailing Address Principal Place of Business 2075 E. WEST PARK PLACE BLVD. 2075 E. WEST PARK PLACE BLVD. STONE MOUNTAIN GA 30087 STONE MOUNTAIN GA 30087 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1955628 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City Fl 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.-Election:Campaign Financing \$5.00 May Be -After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITI F ☐ Change TITLE DAVIS, GERALD L SR NAME NAME 2075 E. WEST PARK PLACE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STONE MOUNTAIN GA 30087 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HALSELL, DAVID W NAME NAME 2075 E. WEST PARK PLACE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **STONE MOUNTAIN GA 30087** CITY-ST-ZIP **CFO** □ Change ☐ Addition TITLE ☐ Delete TITLE HESLIN, STEPHEN M NAME NAME 2075 E. WEST PARK PLACE BOULEVARD STREET ADDRESS STREET ADDRESS STONE MOUNTAIN GA 30087 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED