

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000003911

1. Entity Name  
**RED EYED JACK, INC.**

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90106 042 \*\*\*150.00

Principal Place of Business      Mailing Address  
1502 PEACHTREE CENTER - CAIN TOWER      1502 PEACHTREE CENTER - CAIN TOWER  
229 PEACHTREE STREET      229 PEACHTREE STREET  
ATLANTA GA 30303      ATLANTA GA 30303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*642 N. Ridgewood Ave*      *1055 Peachtree St. NE*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For:  
*Daytona Beach FL*      *Atlanta GA*      **58-2059206**      Not Applicable  
Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
*32114*      *US*      *30309*      *US*            Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**COE, SUZANNE E ESQ.**      Name *Patricia Burnside*  
**5419 LAWTON CT.**      Street Address (P.O. Box Number is Not Acceptable)  
**TALLAHASSEE FL 32311**      *2455 Hollywood Blvd*  
*Suite 104*  
City *Hollywood*      FL      Zip Code *33020*

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 *Suzanne E. Coe*      *Patricia Burnside*      Patricia Burnside  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE *4/20/00*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 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	<b>PC</b> <b>GALARDI, JACK E</b> <b>1502 PEACHTREE CENTER-CAIN TOWER 229 PTREE</b> <b>ATLANTA GA 30303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WILLIAMS, DENNIS</b> <b>1502 PEACHTREE CENTER-CAIN TOWER 229 PTREE</b> <b>ATLANTA GA 30303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jack Galardi*      **URED**      *4/20/00*      *404-607-8050*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)