

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

CR001483 AV

**DOCUMENT # F95000005247**

1. Entity Name  
**WORTHING SOUTHEAST CORPORATION**

05-21-2002 91206 041 \*\*\*150.00

Principal Place of Business  
**800 MT. VERNON HWY**  
**#350**  
**ATLANTA GA 30328**  
**US**

Mailing Address  
**800 MT. VERNON HWY**  
**#350**  
**ATLANTA GA 30328**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **58-2137462**

Applied For  
 Not Applicable

Zip 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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 NAME	PD ECHOLS, JOHN A	<input type="checkbox"/> Delete
STREET ADDRESS	800 MT. VERNON HWY., #350	
CITY-ST-ZIP	ATLANTA GA	
TITLE NAME	EVST FLATTERY, JOHN T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 MT. VERNON HWY., #350	
CITY-ST-ZIP	ATLANTA GA	
TITLE NAME	D INGRAM, STEVEN L	<input type="checkbox"/> Delete
STREET ADDRESS	800 MT. VERNON HWY., #350	
CITY-ST-ZIP	ATLANTA GA	
TITLE NAME	D MUNGER, RICHARD E	<input type="checkbox"/> Delete
STREET ADDRESS	800 MT. VERNON HWY., #350	
CITY-ST-ZIP	ATLANTA GA	
TITLE NAME	V BAIRD, TRACY	<input type="checkbox"/> Delete
STREET ADDRESS	800 MT. VERNON HWY., #350	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED** 4/25/02 770-570-5775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)