

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90056 002 ***150.00

DOCUMENT # F96000001174

1. Entity Name

REALTY CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

**11800 WILLS ROAD
 SUITE A
 ALPHARETTA GA 30004
 US**

**11800 WILLS ROAD
 SUITE A
 ALPHARETTA GA 30004
 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

58-1671461

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

**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

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 NAME STREET ADDRESS CITY-ST-ZIP	DCS LANE, GEORGE H III 5555 GLENRIDGE CONNELTOR, STE 700 ATLANTA GA 30342 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LANE, GEORGE H III 5555 GLENRIDGE CONNELTOR, STE 700 ATLANTA GA 30342 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWERS, RICHARD S. 11800 WILLS ROAD SUITE A ALPHARETTA GA 30004 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JOHN G 1600 ATLANTA FINANCIAL CENTER, 3343 PCHTR ATLANTA GA 30326 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERISO, DAVID C 11800 WILLS ROAD SUITE A ALPHARETTA GA 30004 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVERMAN, FAYE J 5555 GLENRIDGE CONNECTOR, STE 700 ATLANTA GA 30342 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM K. CUSHARD 11800 WILLS ROAD SUITE A ALPHARETTA, GA 30004 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANIEL E. HAEFNER 5555 GLENRIDGE CONNECTOR, STE 700 ATLANTA, GA 30342 ☒ Change ☐ Addition

CR2E034 (9/01)

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

770-777-7504

Daytime Phone #