

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90109 030 ***150.00

DOCUMENT # F96000001174

1. Entity Name
REALTY CONSTRUCTION CORPORATION



Principal Place of Business
**11800 WILLS ROAD
SUITE A
ALPHARETTA GA 30004
US**

Mailing Address
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 CUSHARD, WILLIAM K 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 HHEFNER, DANIEL E 5555 GLENRIDGE CONNECTOR, STE 700 ATLANTA GA 30342	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LANE, GEORGE H III 5555 GLENRIDGE CONNELTOR, STE 700 ATLANTA, GA 30342	☒ 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAEFNER, DANIEL E. SAME	☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date

770-777-7500

Daytime Phone #

CR2E034 (10/02)