

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90104 006 \*\*\*150.00

0392231 AT

**DOCUMENT # F96000001912**

**1. Entity Name**  
**PEACHTREE INTERIOR BUILDERS, LTD. INCORPORATED**

**Principal Place of Business**      **Mailing Address**  
**3040 BUSINESS PARK DR. STE C**      **3040 BUSINESS PARK DR. STE C**  
**NORCROSS GA 30071**                      **NORCROSS GA 30071**

**80035895**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**4. FEI Number**      **Applied For**  
**58-1568377**      **Not Applicable**

**Zip**      **Country**      **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** \_\_\_\_\_ 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>BURTON, JOHNNY</b> 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>P</b> <b>KITCHENS, CHRIS M</b> 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>V</b> <b>BAILEY, ROBERT M JR</b> 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>S</b> <b>KITCHENS, JENNY</b> 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:** *Robert M. Bailey*      **ROBERT M. BAILEY**      **V.P.**      **2-19-02**      **770-662-8528**  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)