

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90305 003 \*\*\*158.75

0625262 AT

**DOCUMENT # F96000002267**

1. Entity Name  
**TURNER ASSOCIATES/ARCHITECTS AND PLANNERS, INC.**



Principal Place of Business  
**57 FORSYTH ST., #1300  
ATLANTA GA 30303**

Mailing Address  
**57 FORSYTH ST., #1300  
ATLANTA GA 30303**

2. Principal Place of Business  
**215 PEACHTREE STREET**

3. Mailing Address  
**SAME CHANGE**

Suite, Apt. #, etc.  
**SUITE 200**

Suite, Apt. #, etc.

City & State  
**ATLANTA, GA**

City & State

Zip  
**30303**

Country  
**USA**

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1383275**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE **PTDC** ☐ Delete  
NAME **HARRIS, OSCAR L JR**  
STREET ADDRESS **2935 BENJAMIN E. MAYS DR.**  
CITY-ST-ZIP **ATLANTA GA 30311**

TITLE **VS** ☐ Delete  
NAME **GRAVES, JAMES W**  
STREET ADDRESS **1351 N. HIGHLAND AVE.**  
CITY-ST-ZIP **ATLANTA GA 30306**

TITLE **TOC** ☐ Delete  
NAME **HARRIS, OSCAR L**  
STREET ADDRESS **2935 BENJAMIN E MAYS DR**  
CITY-ST-ZIP **ATLANTA GA 30311**

TITLE **P** ☐ Delete  
NAME **MARTIN, MICHAEL**  
STREET ADDRESS **1351 N HIGHLAND AVE**  
CITY-ST-ZIP **ATLANTA GA 30306**

TITLE **V** ☐ Delete  
NAME **SCHAEFER, JOSEPH P**  
STREET ADDRESS **1351 N HIGHLAND AVE**  
CITY-ST-ZIP **ATLANTA GA 30306**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **215 PEACHTREE STREET SUITE 200**  
CITY-ST-ZIP **ATLANTA, GA 30303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **215 PEACHTREE STREET SUITE 200**  
CITY-ST-ZIP **ATLANTA, GA 30303**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **215 PEACHTREE STREET SUITE 200**  
CITY-ST-ZIP **ATLANTA, GA 30303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/02)