

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002269

1. Entity Name
ALLIED CONSULTING GROUP, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90096 025 ***150.00

Principal Place of Business

1275 KENNESTONE CIRCLE
SUITE 400
MARIETTA GA 30066

Mailing Address

1275 KENNESTONE CIRCLE
SUITE 400
MARIETTA GA 30066-6032
US

2. Principal Place of Business

975 Cobb Place Blvd
Suite, Apt. #, etc.

3. Mailing Address

975 Cobb Place Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Kennesaw GA

Country
USA

City & State
Kennesaw GA

Country
USA

4. FEI Number 58-2171022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, CAROLYN
125 MILESTONE WAY
WEST PALM BEACH FL 33415

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.

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, 2000 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

TITLE CPD
NAME MITCHEM, DAVE
STREET ADDRESS 1275 KENNESTONE CIRCLE SUITE 400
CITY-ST-ZIP MARIETTA GA 30066

☐ Delete

TITLE SD
NAME SPINNER, ERWIN
STREET ADDRESS 1275 KENNESTONE CIRCLE STE 400
CITY-ST-ZIP MARIETTA GA 30066

☐ Delete

TITLE D
NAME MITCHEM, KIMBERLY
STREET ADDRESS 1275 KENNESTONE CIRCLE STE 400
CITY-ST-ZIP MARIETTA GA 30066

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. DAVE MITCHEM, PRES.

3/6/2000

770 919 0969

CR2E034 (9/99)