## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # ~ F96000002417 1. Entity Name VALUE GROUP, INC. 05-08-2002 90008 049 \*\*\*150.00 Principal Place of Business Mailing Address 2160 KINGSTON COURT, STE. N 2160 KINGSTON COURT, STE. N MARIETTA GA 30067 MARIETTA GA 30067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2193819 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, CARL M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32204 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CPD Delete TITLE ☐ Change Addition NAME HURT, T. JACK NAME STREET ADDRESS 2160 KINGSTON COURT, STE. N STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BALENGER, LEE NAME STREET ADDRESS 2160 KINGSTON COURT, STE. N STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30067 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HURT, ROSEANNA S NAME STREET ADDRESS 2160 KINGSTON COURT, STE. N STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 an other like empowered.

VALUE GROUP ANC.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Lesignat Offe AND FAPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

770-952-9145

Change

Addition

CR2E034 (9/01

Daytime Phone #