## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # F9600005676 FIRST MARKETING SERVICES, INC. 4-25-2001 90125 049 \*\*\*150.00 Principal Place of Business Mailing Address 1736 SANDS PLACE 1736 SANDS PLACE MARIETTA GA 30067 MARIETTA GA 30067 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1970040 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PCT CHAIRMAN Addition TITLE □ Delete TITLE HALL, W B NAME 1736 SANDS PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 30067 VSVC ☐ Change Addition Delete TITLE TITLE MEYERS, MICHAEL E NAME STREET ADDRESS 1736 SANDS PLACE STREET ADDRESS CITY-ST-7IP MARIETTA GA 30067 CITY-ST-ZIP Addition PRESIDENT Change ☐ Delete TITLE TITLE PHILLIP SCARBOROUGH NAME NAME SUBARLONF CLUB DR STREET ADDRESS STREET ADDRESS GA CITY-ST-ZIP DULUTH. 30097 CITY-ST-ZIP PRESIDENT Addition حردو ☐ Change ☐ Delete TITLE TITLE SANFORD JAMES MAME NAME LANE STREET ADDRESS 4251 STREET ADDRESS CITY-ST-ZIP 30152 CITY-ST-ZIP Kephesaw Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED