

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90085 042 ***150.00

DOCUMENT # F97000000224

1. Entity Name

ESD Properties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

216 Seven Farms Drive

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Charleston, SC

Zip

Country

Zip

Country

29492

4. FEI Number

57-0973854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DV

NAME

John H. Disher

STREET ADDRESS

216 Seven Farms Drive, Suite 200

CITY-ST-ZIP

Charleston, SC 29492

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DTS

NAME

Burton R. Schools

STREET ADDRESS

216 Seven Farms Drive, Suite 200

CITY-ST-ZIP

Charleston, SC 29492

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

P

NAME

William Edenfield

STREET ADDRESS

216 Seven Farms Drive, Suite 200

CITY-ST-ZIP

Charleston, SC 29492

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

AS

NAME

Gregory W. Brooks

STREET ADDRESS

612 Moreland Avenue, Suite 100

CITY-ST-ZIP

Atlanta, GA 30316

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Disher
Vice President

Date

3-28-02

Daytime Phone #

843-881-7550

CR2E034B (12/01)