2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9800000139 Sep 06, 2000 8:00 am Secretary of State 1. Entity Name MILTON PATE & ASSOCIATES, INC. 09-06-2000 90134 018 ***550.00 Mailing Address Principal Place of Business SUITE 280 DRUID CHASE SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY 2801 BUFORD HIGHWAY ATLANTA GA 30329-2104 ATLANTA GA 30329-2104 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 58-1079454 City & State City & State Not Applicable \$8.75 Additional Country Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete PATE, MILTON E SR/AIA NAME NAME SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY STREET ADDRESS STREET ADDRESS ATLANTA GA 30329-2104 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE PATE, MILTON E JR NAME SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY STREET ADDRESS STREET ADDRESS ATLANTA GA 30329-2104 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete .PATE. MILTON E JR NAME NAME SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY STREET ADDRESS STREET ADDRESS ATLANTA GA 30329-2104 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

8.31.00

Daytime Phone #

☐ Change

☐ Addition