2001 UNIFORM BUSINESS REPORT (UBR)

Jul 05, 2001 8:00 am DOCUMENT # F9800000139 **Secretary of State** MILTON PATE & ASSOCIATES, INC. 07-05-2001 90008 022 ***550.00 Principal Place of Business Mailing Address 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 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-1079454 Not Applicable Country \$8,75 Additional 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 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition Change ☐ Delete TITLE TITLE PATE, MILTON E SR/AIA NAME NAME SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30329-2104 S Change ☐ Addition ☐ Delete TITLE PATE, MILTON E JR NAME SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30329-2104 Change ☐ Addition ☐ Delete PATE-MILTON-E JR NAME NAME SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30329-2104 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI E ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE: SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

FILED

6/39/01 404-633-4586 Date Daytime Phone #