2000 UNIFORM BUSINESS REPORT (UBR) FILED OCUMENT # **F98000000460** Feb 23, 2000 8:00 am Entity Name Secretary of State _yard lodges, inc. 02-23-2000 90031 037 ***150.00 ાંમૂહી Place of Business Mailing Address LILBURN-STONE MOUNTAIN RO 5500 LILBURN-STONE MOUNTAIN RD STONE MOUNTAIN GA 30087-2841 _ MOUNTAIN GA 30087 ロロロやほご子様 Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE m/ & State City & State 4. FEI Number Applied For 58-2366448 Not Applicable Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code F١ 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) FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees -ee criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Delete ☐ Change ☐ Addition TITLE CLARK, DIANE A NAME 6991 PEACHTREE INDUSTRIAL BLVD STE 400 STREET ADDRESS 212 CITY-ST-ZIP NORCROSS GA Change VD ☐ Delete TITLE ☐ Addition CLARK, CLIFFORD M NAME old Peachtree Rd. Ste. A STREET ADDRESS 6991 PEACHTREE INDUSTRIAL BLVD STE 400 Duluth -- CA 30096 CITY-ST-ZIP 7IP NORCROSS GA Change ☐ Addition PCD ☐ Delete TITLE TANT JR. CLYDE R NAME Old Peachtree Rd., Ste. A 6991 PEACHTREE INDUSTRIAL BLVD STE 400 STREET ADDRESS CITY-ST-ZIP NORCROSS GA ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS 210 CITY-ST-ZIP Change ☐ Addition Delete NAME STREET ADDRESS CITY-ST-ZIP 71P Delete TITLE Change ☐ Addition NAME STREET ADDRESS 7IP CITY-ST-ZIP Contribution in 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 and 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 comparation 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 and the same legal effect as if made under oath; that I am an officer or director comparation 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