

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001374

1. Entity Name
PREMIER LENDING CORPORATION OF GEORGIA

Principal Place of Business
2759 DELK ROAD, SUITE 201
MARIETTA GA 30067

Mailing Address
2759 DELK ROAD, SUITE 201
MARIETTA GA 30067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2170746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURST, DWIGHT
6339-3 ARGYLE FOREST BLVD.
JACKSONVILLE FL 32244

Name

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

City

FL

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

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POOO PHELPS, GEORGE 2759 DELK ROAD, SUITE 201 MARIETTA GA 30066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLMES, DAVID 2759 DELK ROAD, SUITE 201 MARIETTA GA 30066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMB, RICHARD 2759 DELK ROAD, SUITE 201 MARIETTA GA 30066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYANT, MICHELENE 2759 DELK ROAD, SUITE 201 MARIETTA GA 30066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'CONNELL, IRMA 2759 DELK ROAD, SUITE 201 MARIETTA GA 30067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTARD, DARRELL D 2180 ATLANTA PLAZA, 950 E. PACES FERRY RD ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Todd Hall 2759 Delk Road, Suite 201 Marietta, GA 30066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bob Slocum 2296 Henderson Mill Road Atlanta, GA 30094	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John Thompson 2759 Delk Road, Suite 201 Marietta, GA 30066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DeLynn Gilmore 2759 Delk Road, Suite 201 Marietta, GA 30066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mack Mullins 2759 Delk Road, Suite 201 Marietta, GA 30066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gena Brooks 1987 Scenic Highway, Suite 207 Snellville, GA 30078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *Irma O'Connell* Irma O'Connell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

Date

770-952-0606

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE