

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90118 002 ***150.00

DOCUMENT # F98000002695

1. Entity Name

ROBERT E. GRESHAM, INC.

Principal Place of Business

Mailing Address

PO BOX 1127
 LILBURN GA 30048-1127

PO BOX 1127
 LILBURN GA 30048-1127

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

58-1404841

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

DAVIS, BARBARA
107 HERRON PKWY
WEST PALM BEACH FL 33411

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, 2000 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 **P** Delete
 NAME **GRESHAM, ROBERT E**
 STREET ADDRESS **1479 BRENTFORD COVE**
 CITY-ST-ZIP **SNELLVILLE GA 30078**

TITLE **P** Change Addition
 NAME **GRESHAM, ROBERT E**
 STREET ADDRESS **8445 MOOR PARK RUN**
 CITY-ST-ZIP **DULUTH, GA 30097**

TITLE **ST** Delete
 NAME **GRESHAM, JOAN**
 STREET ADDRESS **1479 BRENTFORD COVE**
 CITY-ST-ZIP **SNELLVILLE GA 30078**

TITLE **ST** Change Addition
 NAME **GRESHAM, JOAN**
 STREET ADDRESS **8445 MOOR PARK RUN**
 CITY-ST-ZIP **DULUTH, GA 30097**

TITLE **V** Delete
 NAME **WILMOT, KATHERINE**
 STREET ADDRESS **4037-A DARLING CT**
 CITY-ST-ZIP **LILBURN GA 30047**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 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.

SIGNATURE: _____

Katherine Wilmot
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

770-381-0203

Daytime Phone #

CR2E034 (9/99)