

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90376 041 ***150.00

DOCUMENT # F98000004345

1. Entity Name
PIRKLE ELECTRIC COMPANY, INC.



Principal Place of Business
**2495 FAIRBURN ROAD, SW
ATLANTA GA 30331**

Mailing Address
**P.O. BOX 310685
ATLANTA GA 31131**

2. Principal Place of Business
2495 Fairburn Rd. SW

3. Mailing Address
P.O. Box 310685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Atlanta, Georgia 30331

City & State
Atlanta, Georgia

4. FEI Number **58-1386001**

Applied For
Not Applicable

Zip
30331

Country
Fulton

Zip
31131

Country
Fulton

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PIRKLE, DOUG
2495 FAIRBURN ROAD, SW
ATLANTA GA 30331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JACKSON, RODNEY
2495 FAIRBURN ROAD, SW
ATLANTA GA 30331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JACKSON, LINDA
2495 FAIRBURN ROAD, SW
ATLANTA GA 30331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PIRKLE, ANITA
2495 FAIRBURN ROAD, SW
ATLANTA GA 30331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Willis D. Pirkle

January 23, 2003 (404) 346-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)