

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 31, 2002 8:00 am
Secretary of State

05-31-2002 90001 034 ***150.00

DOCUMENT # F99000001126

1. Entity Name Group VI Corporation of Georgia
900 Westpark Drive, Suite 300
Peachtree City, GA 30269

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 Westpark Drive

Suite, Apt. #, etc.

Suite 300

City & State

Peachtree City, Georgia

Zip
30269

Country
USA

3. Mailing Address

900 Westpark Drive

Suite, Apt. #, etc.

Suite 300

City & State

Peachtree City, Georgia

Zip
30269

Country
USA

4. FEI Number

58-1871263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael Wm Mead

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

24 Walter Martin Road

Suite 3

City

Fort Walton Beach

FL

Zip Code

32548

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME C - Ronald Williamson
STREET ADDRESS 900 Westpark Drive, Suite 300
CITY-ST-ZIP Peachtree City, GA 30269

TITLE
NAME P/S/T - James I. Pace, Jr.
STREET ADDRESS 900 Westpark Drive, Suite 300
CITY-ST-ZIP Peachtree City, GA 30269

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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 on an attachment with an address, with all other officers empowered.

SIGNATURE:

James I. Pace, Jr. 5/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James I. Pace, Jr.

(770)389-9100

Date

Daytime Phone #

CR2E034B (12/01)