

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001759

1. Entity Name  
PEACH STATE MORTGAGE CORP.

Principal Place of Business

2799 DELK ROAD  
MARIETTA GA 30067

Mailing Address

2799 DELK ROAD  
MARIETTA GA 30067

2. Principal Place of Business

135 Powers Ferry Rd. SE  
Suite, Apt. #, etc.

3. Mailing Address

135 Powers Ferry Rd. SE  
Suite, Apt. #, etc.

City & State

Marietta, GA

City & State

Marietta, GA

Zip

30067

Country

Cobb

Zip

30067

Country

Cobb

6. Name and Address of Current Registered Agent

HOLLIDAY, BETTY S  
RT 22 BOX 636  
LAKE CITY FL 32024

4. FEI Number

58-2053756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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.

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
SANDERS, JERRY B  
2799 DELK ROAD  
MARIETTA GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
135 Powers Ferry Rd. SE  
Marietta, GA 30067

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/01

(770)565-7556

Date

Daytime Phone #

FILED  
Sep 18, 2001 8:00 am  
Secretary of State

09-18-2001 90012 036 \*\*\*750.00



DO NOT WRITE IN THIS SPACE

IV 8919010

CR2E034 (5/01)