

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003152

1. Entity Name

PALETTE A DESIGN COMPANY, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90009 045 ***558.75

Principal Place of Business

6865 SHILOH ROAD, SUITE 300
ALPHARETTA GA 30005

Mailing Address

6865 SHILOH ROAD, SUITE 300
ALPHARETTA GA 30005

2. Principal Place of Business

6865 Shiloh Rd. East

3. Mailing Address

6865 Shiloh Rd East

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2260181

Applied For

Not Applicable

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.

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 13, 2000 Min. 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	P	<input type="checkbox"/> Delete
NAME	JORDAN, KIM W	
STREET ADDRESS	6865 SHILOH ROAD, SUITE 300	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, JAN	
STREET ADDRESS	6865 SHILOH ROAD, SUITE 300	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SOCK, RON	
STREET ADDRESS	6865 SHILOH ROAD, SUITE 300	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6865 Shiloh Rd. East # 300	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6865 Shiloh Rd. East #300	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6865 Shiloh Rd. East #300	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Vice-President

7/11/00

770-888-5251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)