## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9900006697 1. Entity Name

UTILIMAN SYSTEMS, INC.

Principal Place of Business

Mailing Address

## 6290 MCDONOUGH DR., SUITE I TITT MCDONOUGH DR., SUITE I NORCROSS GA 30093 NORCROSS GA 30093

**FILED** May 24, 2000 8:00 am Secretary of State 05-24-2000 90031 014 \*\*\*150.00

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE						L HARMAR IKIN INNA ARTIK ANDIK ANDIK KANTI KANTI KANTI	I <b>Bu</b> ri <b>d</b> Brid <b>a B</b> urk <b>o</b> k <b>o</b> rr	]	
City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Depleted   \$8.275 Additional Proc Proquied on Proc Proquied   \$8.75 Additional Proc Propried   \$8.75 Additional Proc Proquied   \$8.75 Additional Proc Propried   \$8.75 Additional Proc Proquied   \$8.75 Additional Proc Propried   \$8.75 Additional	. Principal Place of Business 3. Mailing Address			***					
Section   Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  Zip Code  City	City & State	•	City & State		4.	FEI Number <b>58-2133815</b>			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  City FL Zip	Zip	Country	Zip	Country	5.	Certificate of Status Desired			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  City FL Zip	. ———	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Register	ed Agent		
The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  GINATURE    Cry	- ·· ·—	A STATE OF	Name	Name					
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.  GNATURE    Signature types or prined neare of registered agent and side if applicable   (NOTE Registered Agent signature types of prined neare of registered agent, or both, in the State of Florida.    This corporation is eligible to satisfy its Intrangible   TRUE NOW!!! FEE IS \$150.00   After MAY 1, 2000 Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   Add do foese   Add do foese   Add to foe	1200	SOUTH PINE ISLAND ROAD	Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
CRATURE    Sequence typed or project arms of registered agent and life of applicable   (NOTE Registered Agent signature required when mentating)   DATE				City			Zip Code	<del></del> ;	
CRATURE    Sequence typed or project arms of registered agent and life of applicable   (NOTE Registered Agent signature required when mentating)   DATE	. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered ac	gent, or both, in the State of Florida.	<del></del>		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$55.0.0  TILE  ANDERSON, MICHAEL H  ANDERSON	. 1110 00010	Trained only 522 mile and statement is		-0	•				
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$55.0.0  TILE  ANDERSON, MICHAEL H  ANDERSON	ICNATURE	3							
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$55.0.0  TILE  ANDERSON, MICHAEL H  ANDERSON	IGNATURE _	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE	E: Registered Agent signatu	re required when r	reinstating) DA	re		
LE CP Delete ANDERSON, MICHAEL H CP-17-ST-ZIP DELETADORESS GA 30093  LE VT DELETADORESS GA 30093  LE SKAUG, PER H SKAUG, PER H SKAUG, PER H ONTTERN, ROBERT J RESTAUDESS CITY-ST-ZIP DELETADORESS COTY-ST-ZIP DELETADORESS COTY-ST-ZIP DELETADORESS COTY-ST-ZIP NORCROSS GA 30093  LE SCHOOL STREET ADDRESS COTY-ST-ZIP DELETADORESS COTY-ST-ZIP NORCROSS GA 30093  LE SCHOOL STREET ADDRESS COTY-ST-ZIP DELETADORESS COTY-ST-ZIP DELETADORESS COTY-ST-ZIP TITLE DELETADORESS COTY-ST-ZIP NORCROSS GA 30093  LE V DELETADORESS COTY-ST-ZIP NORCROSS GA 30093  LE V D DELETADORESS COTY-ST-ZIP NORCROSS GA 30093  LE V D DELETADORESS COTY-ST-ZIP NORCROSS GA 30093  LE D D DELETADORESS COTY-ST-ZIP NORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MORCROSS GA 30093  LE NAME ANDERSON, ANTHONY GASON MOTTERN, ROBERT J MAME ANDERSON MOTTERN	Tax filling requirement and elects to do so.  After MAY 1, 2000			00 Fee will be \$5	50.00				
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I Thereby costing the information cumplied with this tilend door not during for the expression of National Figure 1 Figures 2 Figures 1			this filing does not qualify to	r the exemption stat	ted in Section	119 07(3)(i) Florida Statutes I furthe	r certify that the in	of mation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am an officer of 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 agdress with all other like empowered.

**SIGNATURE:**