

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006697

1. Entity Name

UTILIMAN SYSTEMS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90031 014 \*\*\*150.00

Principal Place of Business

Mailing Address

6290 MCDONOUGH DR., SUITE 1  
NORCROSS GA 30093

6290 MCDONOUGH DR., SUITE 1  
NORCROSS GA 30093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2133815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME ANDERSON, MICHAEL H  
STREET ADDRESS 6290 MCDONOUGH DRIVE, SUITE 1  
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE VT ☐ Delete  
NAME SKAUG, PER H  
STREET ADDRESS 6290 MCDONOUGH DRIVE, SUITE 1  
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE S ☐ Delete  
NAME MOTTERN, ROBERT J  
STREET ADDRESS 2300 NORTHLAKE CENTRE DR., SUITE 200  
CITY-ST-ZIP TUCKER GA 30084

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

TITLE V ☒ Delete  
NAME WOOD, DAVID A  
STREET ADDRESS 6290 MCDONOUGH DR., SUITE 1  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☒ Addition  
NAME **CHIEF FINANCIAL OFFICER**  
STREET ADDRESS **PATRICIA L. SULLIVAN**  
CITY-ST-ZIP **6290 MCDONOUGH DRIVE, SUITE 1**  
**NORCROSS, GA 30093**

TITLE V ☐ Delete  
NAME ANDERSON, ANTHONY  
STREET ADDRESS 6290 MCDONOUGH DR., SUITE 1  
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE D ☐ Delete  
NAME MOTTERN, ROBERT J  
STREET ADDRESS 6290 MCDONOUGH DR., SUITE 1  
CITY-ST-ZIP NORCROSS GA 30093

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

Date

(770) 242-2565

Daytime Phone #

CR2E034 (9/99)