## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2002 8:00 am Secretary of State DOCUMENT # G15990 1. Entity Name WATKINS ASSOCIATED REALTY, INC. 05-08-2002 90021 045 \*\*\*150.00 Principal Place of Business Mailing Address 1958 MONROE DR NE 1958 MONROE DR NE POB 1738 **POB 1738** ATLANTA: GA 30324 ATLANTA GA 30324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2251162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME FREEMAN, LEE S NAME STREET ADDRESS STREET ADDRESS 1946 MONROE DRIVE NE CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30324-4887 TITLE ☐ Delete TITLE Change ☐ Addition NAME READY, GEORGE NAME STREET ADDRESS STREET ADDRESS 1958 MONROE DR, NE CITY-ST-ZIP CITY-ST-ZIP <u>atlanta ga 💠</u> TITLE DA5, 5 - 100 A . Delete TITLE ☐ Addition Change NAME NAME FREEMAN, W. NEAL STREET ADDRESS STREET ADDRESS 1946 NE MONROE DR CITY-ST-ZIP CITY-ST-ZIP <u>atlanta ga</u> TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HERRING, W.T. NAME STREET ADDRESS 1946 NE MONROE DR STREET ADDRESS CITY-ST-ZIP <u>atlanta ga</u> CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME WATKINS, MICHAEL L STREET ADDRESS STREET ADDRESS 1958 MONROE DRIVE NE CITY-ST-7/E CITY-ST-ZIP ATLANTA GA 30324-4887 TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME

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 repower 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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

GEORGE W READY, JR /SEC

4-12-02 404-872-3841

Daytime Phone #