

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87259

1. Entity Name
A-1 STEVENS VAN LINES, INC.

Principal Place of Business
2913 A NORTHEAST PKWY
ATLANTA GA 30360
US

Mailing Address
2913A NORTHEAST PKWY
ATLANTA GA 30360
US

2. Principal Place of Business
3445 STATELY OAKS LANE

Suite, Apt. #, etc.

3. Mailing Address
3445 STATELY OAKS LANE

Suite, Apt. #, etc.

City & State
DULUTH, GA

City & State
DULUTH, GA

Zip
30097

Country
USA

Zip
30097

Country
USA

4. FEI Number 59-2609312

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, CHUCK A.
311 S. MISSOURI AVE.
CLEARWATER FL 34616

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 NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, ARCHIE H., JR. 3445 STATELY OAKS LANE DULUTH GA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROCK, NICOLE C 1535 PULASKI CT SUWANEE GA 30024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIMENEZ, ROBERT 987 INDIAN WAY LILBURN GA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGLISH, WILLIAM M 2916 SPANISH OAK DR LILBURN GA 3047	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY STEVENS, ARCHIE H., JR. 3445 STATELY OAKS LANE DULUTH, GA 30097	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90034 006 ***550.00

H0074646



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

770-623-4812