# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 03, 2002 8:00 am**
**Secretary of State**
05-08-2002 90079 038 ****55.00

DOCUMENT # L01000000820

1. Entity Name
SOUTHERN COLOR COMPANY, LLC ✓

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 1507<br>7 SWISHER DRIVE<br>CARTERSVILLE GA 30120 | PO BOX 1507<br>7 SWISHER DRIVE<br>CARTERSVILLE GA 30120 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. BOX 1507 | P.O. BOX 1507 |
| Suite, Apt. #, etc.: 7 SWISHER DRIVE | Suite, Apt. #, etc.: 7 SWISHER DRIVE |
| City & State: CARTERSVILLE, GA | City & State: CARTERSVILLE, GA |
| Zip: 30120 Country: USA | Zip: 30120 Country: USA |

4. FEI Number: 58-1453134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILSON, GHENT<br>2809 SWEET CREEK CIRCLE<br>CHULUOTA FL 32766 | Name: DON ABERNATHY<br>Street Address (P.O. Box Number is Not Acceptable): 57 HICKORY LOOP<br>City: OCALA, FL Zip Code: 34472 |

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: Don Abernathy Florida Division Manager 4/25/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | OWNER: KENNETH W. BISHOP<br>P.O. BOX 1507<br>CARTERSVILLE, GA, 30120 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT: MIKE RAYNOR<br>P.O. BOX 1507<br>CARTERSVILLE, GA 30120 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V PRESIDENT: DAWN MAGUIRE<br>P.O. BOX 1507<br>CARTERSVILLE, GA 30120 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP OF SALES: BILL CAGLE<br>P.O. BOX 1507<br>CARTERSVILLE, GA 30120 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY: JUDY CRAIG<br>P.O. BOX 1507<br>CARTERSVILLE, GA 30120 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SHARON E. HOGAN<br>EXEC. ACCOUNTING ADMINISTRATOR<br>P.O. BOX 1507, CARTERSVILLE, GA 30120 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Dawn B. Maguire DAWN B. MAGUIRE 4-26-02 770 386-4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #