## 004488

# 32003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

#### DOCUMENT # M0000000086

1. Entity Name

CARTER & ASSOCIATES SERVICES, L.L.C.



### FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90024 024 \*\*\*\*50.00

| Principal Place of Business<br>1275 PEACHTREE STREET, N.E.<br>ATLANTA GA 30309-3217 |  | Mailing Address<br>1275 PEACHTREE STREET. N.E.<br>ATLANTA GA 30309-3217 |              |  |                               |                                      |   |            |                |
|---|--|---|--------------|--|-------------------------------|--------------------------------------|---|------------|----------------|
| 2. Principal F  | Place of Business  | 3. Mailing Address  | <del></del>  |  |                               |                                      |   |            |                |
|   |  | ,   |              |  | 110611                        | IDEO DEN BUNDA MUNDA MUNDEN ANDERN I | I <b>B</b> haf <b>a b</b> ara <b>ba</b> ra <b>a</b> |            | 8118 8111 1881 |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |              |  |                               | ☐ CHECK HERE IF                      | MAKING CH   | HANGES     |                |
| City & State  |  | City & State  |              | ,  | 4. FEI Num                    | ber <b>58-2171375</b>                |   | -          | oplied For     |
| Zip   | Country  | Zip   | Cour         | itry   | 5. Certifica                  | te of Status Desired                 |   | .00 Add    | ditional       |
|   | 6. Name and Address of Current                                   | Registered Agent  | ٠            |  | 7. Name ar                    | d Address of New Re                  |   |            |                |
| COL   | RPORATION SERVICE COMPANY  | <del>مارين به درين به دين ردن م</del>                                   | ⇒⊸≥ <u> </u> | Name   |                               |                                      |   |            |                |
| 120   | 1 HAYS STREET<br>LAHASSEE FL 32301                               |   |              | Street Address (P.O. Box Number is Not Acceptable) |                               |                                      |   |            |                |
|   |  |   |              | City   |                               |                                      |   | 7in Cod    |                |
| 0 Th  |  |   |              | *  |                               |                                      | FL  | Zip Cod    |                |
| the above   | named entity submits this statement fo ions of registered agent. | r the purpose of changing its   | registere    | ed office or                                       | registered agent, or b        | oth, in the State of Florid          | da. I am fami                                       | liar with, | and accept     |
| SIGNATURE .   |  |   |              |  |                               |                                      |   |            |                |
| SIGNATORE .   | Signature, typed or printed name of registered agent a           | and title if applicable. (NOTE  | : Registere  | d Agent signatu                                    | re required when reinstating) |                                      | DATE  |            |                |
|   |  | Make Check Payabl   | e to Fid     | FEE IS \$1<br>prida Dep<br>ay 1, 2003              | partment of State             |                                      |   |            |                |
| 9.  | MANAGING MEMBE   | RS/MANAGERS   | 10.          |  |                               | ADDITIONS/C                          | HANGES  |            |                |
| TITLE   | MGRM   | ☐ Delete  | TITLE        |  |                               |                                      |   | Change     | Addition       |
| NAME  | CARTER & ASSOCIATES LLC  |   | NAME         |  |                               | -                                    |   |            | _              |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1275 PEACHTREE ST.   |   | •            | ET ADDRESS   |                               |                                      |   |            | \;             |
|   | ATLANTA GA 30309   |   |              | ST-ZIP   |                               |                                      |   |            |                |
| TITLE<br>NAME   | 0 0 1 1  | ☐ Delete  | TITLE        |  |                               |                                      |   | Change     | Addition       |
| STREET ADDRESS  | See Attack   | red:  | •            | ET ADDRESS   |                               |                                      |   |            |                |
| CITY-ST-ZIP   |  |   |              | ST-ZIP   |                               |                                      |   |            | ĺ              |
| TITLE   |  | ☐ Delete  | - TITLE      | 44 - <del></del>                                   | <del> </del>                  |                                      |   | Change 1   | Addition 1     |
| NAME  |  |   | NAME         |  |                               |                                      | _   |            | _              |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |              | T ADDRESS  |                               |                                      |   |            |                |
|   |  |   | CITY-        | ST-ZIP   |                               |                                      |   |            |                |
| TITLE<br>NAME   |  | ☐ Delete  | TITLE        | - 1  |                               |                                      |   | Change     | ☐ Addition     |
| STREET ADDRESS  |  |   | NAME         | T ADDRESS  |                               |                                      |   |            | {              |
| CITY-ST-ZIP   |  |   |              | ST-ZIP   |                               |                                      |   |            |                |
| TITLE   |  | ☐ Delete  | TITLE        |  |                               |                                      |   | Change     | T Addition     |
| NAME  |  | Detere  | NAME         |  |                               |                                      | . Ц   | Change     | ☐ Addition     |
| STREET ADDRESS  |  |   |              | T ADDRESS  |                               |                                      |   |            | j              |
| CITY-ST-ZIP   | ······································                           |   | CITY-        | ST-ZIP   |                               |                                      |   |            |                |
| TITLE   |  | ☐ Delete  | TITLE        |  |                               |                                      |   | Change     | Addition       |
| NAME  |  |   | NAME         | }  |                               |                                      | _   | •          |                |
| STREET ADDRESS  |  |   |              | T ADDRESS  |                               |                                      |   |            |                |
| CITY-ST-ZIP   |  |   |              | ST-ZIP   |                               |                                      |   |            |                |
| inereby ce  | ertify that the information supplied with                        | his filing does not qualify for   | the exem     | iption state                                       | d in Section 119,07(3)        | (i), Florida Statutes. I fu          | rther certify th                                    | at the inf | formation      |

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: MUNICIPED

1/23/03

404-888-3116

Daytime Phone #

# CARTER & ASSOCIATES, LLC OWNERS

| Cu | rreni | t N | lem | bers |
|----|-------|-----|-----|------|
|    |       |     |     |      |

| NAME               | ADDRESS                                      | TITLE                    | SS#         |
|--------------------|--|--------------------------|-------------|
| ROBERT PETERSON    | 675 W PACES FERRY ROAD<br>ATLANTA, GA 30327  | President, CEO           | 244-72-3010 |
| PHILLIP STEVENSON  | 940 WEYMAN CT., NW<br>ATLANTA, GA 30305      | Executive Vice President | 032-34-7575 |
| CYNTHIA PFEIFER    | 4010 AMBERFILED CIRCLE<br>NORCROSS, GA 30092 | Senior Vice<br>President | 228-74-3446 |
| - A. TRENT GERMANO | 3367-KENNINGTON-CT-ATLANTA, GA 30319         | Senior Vice President    | 131-40-9660 |
| BRAD REESE         | 175 OVERTON DR.<br>ATLANTA, GA 30342         | Senior Vice<br>President | 252-92-1858 |
| JAMES GROOME       | 4515 JETT RD., NW<br>ATLANTA, GA 30327       | Executive Vice President | 260-74-1071 |
| JOHN E. CARTER     | 2626 SUNSET DR<br>TAMPA, FL 33629            | Executive Vice President | 048-66-1635 |