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2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am DOCUMENT # M0100002064 Secretary of State **INGLETT & STUBBS, LLC** 07-30-2002 90426 020 ****50.00 Principal Place of Business Mailing Address 5200 RIVERVIEW ROAD 5200 RIVERVIEW ROAD MABLETON GA 30126 MABLETON GA 30126 971681 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 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. Assistant Secretary SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Secretary ☐ Delete TITLE Change Addition NAME Kimberly Warren NAME STREET ADDRESS STREET ADDRESS 1750 N. Milford Lane CITY-ST-7IP CITY-ST-ZIP Marietta, GA 30008 TITLE President ☐ Delete TITLE Change ☐ Addition NAME Jeff Giglio NAME STREET ADDRESS 110 Emerald Lane STREET ADDRESS CITY-ST-ZIP Fayetteville, GA CITY-ST-ZIP TITLE Vice President Delete TITLE *Change* ☐ Addition NAME Terry Frierson NAME STREET ADDRESS 311 Rolling Rock Road STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Marietta, GA TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

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 receipt of trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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July 11, 2002

(404) 881-1199

Doubles Observed

☐ Change

Change

☐ Addition

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