

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90112 041 ***150.00

DOCUMENT # M32364

1. Entity Name
COTTON STATES MARKETING RESOURCES, INC.



Principal Place of Business
**244 PERIMETER CENTER PARKWAY, N.E.
ATLANTA GA 30346**

Mailing Address
**244 PERIMETER CENTER PARKWAY, N.E.
ATLANTA GA 30346**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2681997**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINMAN, JOSEPH F JR
% OGDEN & SULLIVAN, P.A.
113 SOUTH ARMENIA
TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	HOWARD, J. RIDLEY	
STREET ADDRESS	1176 BROOKGATE WAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	BARLOW, WILLIAM J.	
STREET ADDRESS	610 RIDGEBROOK POINT	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMBLEE, WENDY M.	
STREET ADDRESS	1438 CUSTIS CT	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRY V. SCOTT	
STREET ADDRESS	1793 JOHNSON FERRY ROAD	
CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/03

CR2E034 (10/02)