

2001 UNIFORM BUSINESS REPORT (UBR)

0024229 AF

DOCUMENT # M98000000777

1. Entity Name

E. L. THOMPSON ASSOCIATES, LLC

FILED

01 MAR 30 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

600 VIRGINIA AVENUE, N.E.
ATLANTA GA 30306

Mailing Address

600 VIRGINIA AVENUE, N.E.
ATLANTA GA 30306

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2396029

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HARRISON, VICKIE S
STREET ADDRESS 112 ROYAL BURGESS WAY
CITY-ST-ZIP MCDONOUGH GA 30253 ☒ Delete

TITLE MGR
NAME MITCHELL, M. GEORGE
STREET ADDRESS 11 HARRIS GLEN, N.W.
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE MGR
NAME PARKER, CONRAD F
STREET ADDRESS 2104 CHELS WAY
CITY-ST-ZIP OLD HICKORY TN 37138 ☐ Delete

TITLE MGR
NAME SILVER, MAX
STREET ADDRESS 1491 WESLEY PKWY., N.W.
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME HARRISON, VICKIE S.
STREET ADDRESS 305 BROADMOOR WAY
CITY-ST-ZIP MCDONOUGH, GA 30253 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)