

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024203 AF

DOCUMENT # M99000001907

1. Entity Name  
ATTENTION, LLC

FILED

01 MAR 15 PM 3: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2250 SATELLITE BLVD., SUITE 235  
DULUTH GA 30097

Mailing Address  
2250 SATELLITE BLVD., SUITE 235  
DULUTH GA 30097

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2450325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

(signed in wrong place)

(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

10.

ADDITIONS/CHANGES

TITLE NAME MGR RICHARDS, JAMES F ☐ Delete  
STREET ADDRESS 2250 SATELLITE BLVD., STE. 235  
CITY-ST-ZIP DULUTH GA 30097

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
000003891460--2  
-03/21/01--90165-018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGR DETRICK, MARK V ☐ Delete  
STREET ADDRESS 2250 SATELLITE BLVD., STE. 235  
CITY-ST-ZIP DULUTH GA 30097

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
200003891752--0  
-03/22/01--01009--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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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)*

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

James F. Richards 770 4959590

Date

Daytime Phone #

CR2E083 (11/00)