

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00402

1. Entity Name
TRIMEDCO, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90009 006 ***550.00

Principal Place of Business
1876 DEFOOR AVENUE. N.W.
SUITE B
ATLANTA GA 30318-3000

Mailing Address
1876 DEFOOR AVENUE. N.W.
SUITE B
ATLANTA GA 30318-3000

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 4768
Suite, Apt. #, etc.

City & State
Columbus, GA

Zip
31904

Country
U.S.A.

4. FEI Number 58-1300420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SIZEMORE, JAMES E
STREET ADDRESS 130 EAST LAKE
CITY-ST-ZIP NEWNAN GA 30265 ☒ Delete

TITLE VD
NAME WHITE, JAMES E
STREET ADDRESS 2650 WYNDHAM PLACE DR
CITY-ST-ZIP LAWRENCEVILLE GA 30044 ☐ Delete

TITLE CD
NAME EVANS, JAMES MD
STREET ADDRESS 6229 SEMINARY ROAD
CITY-ST-ZIP COLUMBUS GA 31904 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME James E. Sizemore, Jr.
STREET ADDRESS 4350 Hog Mountain Road
CITY-ST-ZIP Watkinsville, GA 30677 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Samuel M. Berry III
STREET ADDRESS 3982 Bonnington Ct.
CITY-ST-ZIP Atlanta, GA 30341 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel M. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00 404-352-1894
Date Daytime Phone #

CR2E034 (5/00)