2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 26, 2002 8:00 am Secretary of State DOCUMENT # P10903 1. Entity Name 03-26-2002 90035 020 ***150.00 BLAKE & PENDLETON, INC. Principal Place of Business Mailing Address 269 NORTH STREET 269 NORTH STREET R0021031 MACON GA 31206 MACON GA 31206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-1094736 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANT, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) **50 N LAURA ST** SUITE 9100 2750 JACKSONVILLE FL 32202 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE ☐ Delete TITLE **Change** ☐ Addition NAME NAME PETERSON, G L STREET ADDRESS STREET ADDRESS **269 NORTH STREET** CITY-ST-ZIP CITY-ST-ZIP MACON, GA MACON GA 31206 PRESIDENT ☐ Delete **Change** ☐ Addition TITLE. VSD-TITLE NAME KING, J. ALLEN NAME STREET ADDRESS STREET ADDRESS 269 NORTH STREET CITY-ST-ZIP CITY-ST-7IP MACON GA 31206 MACON, GA Delete TITLE TITLE ☐ Change Addition CD NAME NAME BLAKE, WALTER H STREET ADDRESS 269 NORTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACON GA ☐ Delete TITLE SECRETARY ☐ Change Addition MICHAEL GEMBALA NAME STREET ADDRESS 4497 S. OLD PEACHTREE RD. STREET ADDRESS NORCROSS, GA CITY-ST-ZIP CITY-ST-ZIP 30071 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED