

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14394

1. Entity Name
SANDWELL INC.

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90090 038 ***550.00

Principal Place of Business
2690 CUMBERLAND PARKWAY
SUITE 300
ATLANTA GA 30339

Mailing Address
2690 CUMBERLAND PARKWAY
SUITE 300
ATLANTA GA 30339



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 93-0470684

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATION 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. 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

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PYATT, ALAN
STREET ADDRESS 666 BURRARD STREET
CITY-ST-ZIP VANCOUVER, B COLUMBIA ☐ Delete

TITLE V
NAME Tomsula, Joseph P.
STREET ADDRESS 2690 Cumberland Parkway, Suite 300
CITY-ST-ZIP Atlanta, GA 30339 ☐ Change ☒ Addition

TITLE V
NAME FERGUSON, JON D.
STREET ADDRESS 3268 TETON DRIVE
CITY-ST-ZIP ATLANTA GA 30339 ☒ Delete

TITLE V
NAME Griffin, W. Lamar
STREET ADDRESS 2690 Cumberland Parkway, Suite 300
CITY-ST-ZIP Atlanta, GA 30339 ☐ Change ☒ Addition

TITLE S
NAME GREENFIELD, JOHN
STREET ADDRESS 990 HAMMOND DR., STE. 650
CITY-ST-ZIP ATLANTA GA ☐ Delete

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

TITLE A S
NAME URSEL, DALE
STREET ADDRESS 666 BURRARD STREET
CITY-ST-ZIP VANCOUVER B. ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-02

Date

770-433-9336

Daytime Phone #

CR2E034 (4/02)