## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am § Secretary of State P14572 DOCUMENT # 1. Entity Name FAMEROUGH AND NIX, INC. Piping and 05-24-2002 91331 029 \*\*\*150.00 Equipment Principal Place of Business Mailing Address 2291 PLUNKETT RD. 2291 PLUNKETT RD. P O BOX 1377 P O BOX 1377 CONYERS GA 30207 CONYERS GA 30207 3. Mailing Address 2. Principal Place of Business 2463 Word Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1036578 Not Applicable Jacksonville Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required\_ **ラ**メントリー uts. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CT-CORPORATION-SYSTEM 2463 Cloyd Road 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete TITLE FAULKNER, JIM NAME NAME 1458 RIDGÉ POINT DR NW STREET ADDRESS STREET ADDRESS LAWRENCEVILLE GA CITY-ST-ZIP CITY-ST-ZIP Vice President Change ☐ Addition E Vice President Delete TITLE MOUSA, RICK NAME NAME STREET ADDRESS STREET ADDRESS 4775 RIVERSOUND DR .CITY-ST-ZIP. -CITY-ST-ZIP -LITHONIA GA---- = President Addition ☐ Delete TITLE TITLE NAME NAME 100 Grandville, Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Daytime Phone #