

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90670 049 ***150.00

DOCUMENT # P25853

1. Entity Name

Easley, McCaleb + Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3980 DeKalb Tech Pkwy

Suite, Apt. #, etc.

Suite #755

City & State

Atlanta Ga

Zip

30340

Country

USA

3. Mailing Address

PO Box 98309

Suite, Apt. #, etc.

City & State

Atlanta Ga

Zip

30359

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1272388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Clark Mann

Street Address (P.O. Box Number is Not Acceptable)

431 E. Horatio, Suite 120

City

Maitland

FL

Zip Code

32757

**DO NOT WRITE
IN THIS SPACE**

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
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	C
NAME	Charles R. Easley
STREET ADDRESS	Rt 4 Box 4265
CITY-ST-ZIP	Athens TX
TITLE	P
NAME	S. Blaine McCaleb III
STREET ADDRESS	3980 DeKalb Tech Pkwy #755
CITY-ST-ZIP	Atlanta Ga 30340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

(770) 484-9998

Daytime Phone #

CR2E034B (12/01)