## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P29564 1. Entity Name P.W. CHISHOLM, INC.

**FILED** May 16, 2002 8:00 am Secretary of State
05-16-2002 90087 018 \*\*\*150.00

Principal Place of Business  145 ATLANTIS BLVD .#208 ATLANTIS FL 33482		Mailing Address 2202 ABBY LN ATLANTA GA 30345			3 6 6 5 8 3			
US		US						
=2.≍Principal Place of Business		-3Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	69-1660046 H		pplied For ot Applicable	7
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			1
16. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CHISHO	LM. PATRICK TO A STATE		Name Street A	Address (P.O. F	Box Number is Not Acceptable)			1
ATLANTI	ANTIS BLVD) S.FL 33462							1
And the second of the second			City	·	FL Zip Code			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		le if applicable. (NOTE: Registered Agent signature required where  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State		00 550.00	10. Election Campaign Financing \$5.00 May Be			
11.	OFFICERS AND DI	RECTORS	12.	AD	L DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHISHOLM, PATRICK W 145 ATLANTIS BLVD #208 ATLANTIS FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
VAME STREET ADDRESS CITY-ST-ZIP	TS CHISHOLM, SHERRI W 2202 ABBY LN ATLANTA GA 30345	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1	
TITLE NAME STREET ADDRESS SITY-ST-ZIP	VP CHISHOLM, DAVID J. 1510 PIEDMONT AVE ATLANTA GA 30324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	!
ITLE IAME STREET ADDRESS STY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	, T. J.	Change	Addition	
ITLE  IAME  TREET ADDRESS  ITY-ST-ZIP -		Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition 1	
ITLE AME	`, `, `,,	☐ Delete	TITLE			☐ 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.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

RRIW. Chisholm