

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90212 046 ***150.00

DOCUMENT # P34404

1. Entity Name
ARGENBRIGHT, INC.

Principal Place of Business Mailing Address
~~3465 N. DESERT DRIVE~~ **3353 Peachtree Rd.,** ~~3465 N. DESERT DRIVE~~ **3353 Peachtree Rd.,**
~~ATLANTA GA 30344~~ **Ste. 1120** ~~ATLANTA GA 30344~~ **Ste. 1120**
Atlanta, GA 30326 **Atlanta, GA 30326**

2. Principal Place of Business 3. Mailing Address
3353 Peachtree Rd., Ste. 1120 **3353 Peachtree Rd., Ste. 1120**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Atlanta, GA. **Atlanta, GA.**
Zip Country Zip Country
30326 **Fulton** **30326** **Fulton**



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1281936** Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	C	<input checked="" type="checkbox"/> Delete
NAME	ARGENBRIGHT, FRANK A. JR.	
STREET ADDRESS	3465 N. DESERT DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARANO, THOMAS J	
STREET ADDRESS	3465 N. DESERT DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	STV	<input checked="" type="checkbox"/> Delete
NAME	GAMSEY, DAVID L.	
STREET ADDRESS	3465 N. DESERT DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Mellet	
STREET ADDRESS	3353 Peachtree Rd., Ste. 1120	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3353 Peachtree Rd., Ste. 1120	
STREET ADDRESS	Atlanta, GA. 30326	
CITY-ST-ZIP		
TITLE	VP/Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry J. Jenkins	
STREET ADDRESS	3353 Peachtree Rd., Ste. 1120	
CITY-ST-ZIP	Atlanta, GA. 30326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)