

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90110 001 ***150.00

DOCUMENT # P38395

1. Entity Name
STEVENS & WILKINSON OF GEORGIA, INC.



Principal Place of Business
**100 PEACHTREE ST., N.W. SUITE 2500
ATLANTA GA 30303**

Mailing Address
**100 PEACHTREE ST., N.W. SUITE 2500
ATLANTA GA 30303**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1983539**

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 RD.,
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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	LATHAM, C RICHARD	
STREET ADDRESS	100 PEACHTREE ST. NW	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPBELL, DONALD W	
STREET ADDRESS	100 PEACHTREE ST NW	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, J DALE	
STREET ADDRESS	100 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MORRIS, E LEE III	
STREET ADDRESS	100 PEACHTREE ST. NW	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMSEY, THOMAS O.	
STREET ADDRESS	100 PEACHTREE ST. NW	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRAMER, RICHARD M	
STREET ADDRESS	100 PEACHTREE ST NW	
CITY-ST-ZIP	ATLANTA GA 30303	

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

E. LEE MORRIS III

1/3/03

404 522 8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)