

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38452

1. Entity Name  
NORO MAITLAND, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90009 022 \*\*\*150.00

Principal Place of Business

2060 MT. PARAN ROAD. N.W.  
S100  
ATLANTA GA 30327  
US

Mailing Address

2060 MT. PARAN ROAD. N.W.  
S100  
ATLANTA GA 30327  
US

2. Principal Place of Business

104 INTERSTATE NORTH

~~Suite, Apt. #, etc.~~

PKWY EAST SE

City & State

ATLANTA, GA

Zip

30339

Country

USA

3. Mailing Address

104 INTERSTATE NORTH

~~Suite, Apt. #, etc.~~

PKWY EAST SE

City & State

ATLANTA, GA

Zip

30339

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0347582

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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) ☐

**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	V	<input type="checkbox"/> Delete
NAME	SEXTON, JOHN W	
STREET ADDRESS	2060 MOUNT PARAN ROAD STE 100	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROVE, PAUL M	
STREET ADDRESS	2030 MOUNT PARAN ROAD STE 100	
CITY-ST-ZIP	ATLANTIC GA 30327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 INTERSTATE NORTH PKWY EAST SE
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 INTERSTATE NORTH PKWY EAST SE
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SECRETARY

3/15/01

Date

678-589-9500

Daytime Phone #

CR2E034 (10/00)