

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91165 038 ***150.00

DOCUMENT # **P 97000067543 (3)**

1. Entity Name

CAIN CONSULTING CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

4201 PARCLANE MILL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BuFORD, GA

City & State

BuFORD, GA

4. FEI Number

59-3459852

Applied For

Not Applicable

Zip

30519

Country

Zip

30519

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LAURIE HOFFMAN

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

4500 BAYMEADOWS

286

City

JACKSONVILLE

FL

Zip Code

32217

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

Laurie Hoffman

LAURIE HOFFMAN

4/25/01

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
						P	WAYNE L. CAIN	4201 PARCLANE MILL WAY	BuFORD, GA 30519	
						LILLY W. CAIN	4201 PARCLANE MILL WAY	BuFORD, GA 30519		

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:

Wayne L. Cain **WAYNE L. CAIN**

4/25/01

1-888-711-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)