

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000083427**1. Entity Name
AGENCY SOLUTIONS GEORGIA, INC.

Principal Place of Business

4600 W CYPRESS ST, SUITE 200

TAMPA

33607

FL

Mailing Address

1410 N WESTSHORE BLVD

600

TAMPA

33607

FL

2. Principal Place of Business

1410 N. WESTSHORE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

City & State

TAMPA

FL

City & State

Zip

33607

Country

Zip

Country

4. FEI Number

59-3480519

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HADLOW RICHARD B
220 SOUTH FRANKLIN ST

TAMPA

33602

US

FL

7. Name and Address of New Registered Agent

Name

NUGENT BRIAN M

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

1410 N. WESTSHORE BLVD.

SUITE 600

City

TAMPA

FL

Zip Code
33607

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 **BRIAN M. NUGENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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

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"/> Delete
NAME	DAVIS CHARLES MJR	
STREET ADDRESS	4600 W CYPRESS ST, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33607	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAGAN ROBERT W	
STREET ADDRESS	SEVEN PIEDMONT CENTER, SUITE 417	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VP,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN LOWRY	
STREET ADDRESS	4600 W. CYPRESS STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS CHARLES MJR	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
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: Charles M. Davis, Jr.

Pres

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)