2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90134 001 ***150.00

DOCUMENT # P99000101689

1. Entity Name

MARCONI SEARCH OF ATLANTA, INC.

Principal Place of Business	Mailing Address
703 COURT ST. CLEARWATER FL 33756-5507	703 COURT ST. CLEARWATER FL 33756-5507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
x 1058 Euclid Ave	x PO BOX 6016
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ATLANTA, GA 30307	City & State: ATLANTA, GA
Zip: 30307 Country: US	Zip: 31107 Country: US

4. FEI Number x 58-2514731 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JENNINGS, THOMAS C III
703 COURT ST.
CLEARWATER FL 33756-5507

7. Name and Address of New Registered Agent

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 ______________________
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, 2000 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	x President/Sec. Tres ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ELIZABETH MARCONI	NAME	
STREET ADDRESS	1058 Euclid Ave	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30307	CITY-ST-ZIP	
TITLE	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARK S. MARCONI	NAME	
STREET ADDRESS	3168 MASTERS Dr.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, Fl 33761	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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.

ELIZABETH MARCONI

SIGNATURE: x [signature] (LIBBY) 4-10-00 404-584-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #