

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90017 024 ***150.00

DOCUMENT # P99000103671

1. Entity Name
UNITED CAPITAL OF NORTH GEORGIA, INC.



Principal Place of Business
315 FOURTEENTH ST., STE. 200
ATLANTA GA 30318

Mailing Address
315 FOURTEENTH ST., STE. 200
ATLANTA GA 30318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611024

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

ARMSTRONG, JANICE
1249 NORTH ORANGE AVE.
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name **Barbara Freeman**
 Street Address (P.O. Box Number is Not Acceptable) **1249 North Orange Ave.**
 City **Orlando** **FL** **32804**

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 *B. Freeman* *Barbara Freeman* *4/30/02*
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D PARRETT, JOHN E 1249 N. ORANGE AVE. ORLANDO FL 32804 <i>status unchanged</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUTTO, SHANNON 1249 N ORANGE AVE 315 Fourteenth St. Ste 200 ORLANDO FL 32804 Atlanta, GA 30318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, SCOTT 1249 N ORANGE AVE 315 Fourteenth St. Ste 200 ORLANDO FL 32804 Atlanta, GA 30318
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shannon Hutto 315 Fourteenth St. Suite 200 Atlanta GA 30318 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *John Parrett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 *407-422-1000 x91*
 Date Daytime Phone #

CR2E034 (9/01)