

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90319 037 ***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

1022 NORTHSIDE DR. NW

Suite, Apt. #, etc.

3. Mailing Address

1249 N. ORANGE AVE.

Suite, Apt. #, etc.



04202004

Chg-P

CR2E034 (10/03)

City & State

ATLANTA, GA

City & State

ORLANDO FL

4. FEI Number

59-3611024

Applied For

Not Applicable

Zip

30318

Country

USA

Zip

32804

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, BARBARA
1249 NORTH ORANGE AVE.
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name MICHELLE QUATRALE

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

1249 N. ORANGE AVE.

City ORLANDO

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

Michelle Quatrala
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/26/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PARRETT, JOHN E	
STREET ADDRESS	1249 N. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	PST	<input type="checkbox"/> Delete
NAME	HUTTO, SHANNON	
STREET ADDRESS	315 FOURTEENTH ST. STE 200	
CITY-ST-ZIP	ATLANTA, GA 30318	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, SCOTT	
STREET ADDRESS	315 FOURTEENTH ST. STE 200	
CITY-ST-ZIP	ATLANTA, GA 30318	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTTO, SHANNON	
STREET ADDRESS	315 FOURTEENTH ST. SUITE 200	
CITY-ST-ZIP	ATLANTA, GA 30318	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PST, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, SHANNON	
STREET ADDRESS	1022 NORTHSIDE DR. NW	
CITY-ST-ZIP	ATLANTA, GA 30318	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SCOTT	
STREET ADDRESS	1022 NORTHSIDE DR. NW	
CITY-ST-ZIP	ATLANTA, GA 30318	
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		

12. 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 10 or Block 11 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

JOHN E. PARRETT

Date

Daytime Phone #

4/26/04 (407) 422-1020