

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # S51592**1. Entity Name
GACS INCORPORATED**Principal Place of Business**

5761 WEST 12TH STREET

JACKSONVILLE

32254

US

FL

Mailing Address

160 CLAIREMONT AVE

DECATUR

30030

US

GA

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State**

Zip

Country

Zip

Country

4. FEI Number**58-1944786****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**C T CORPORATION SYSTEM****1200 SOUTH PINE ISLAND ROAD****PLANTATION****33324****US****FL****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)

04/02/2001

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **T** ☐ Delete
NAME **FORBES DAVID S.**
STREET ADDRESS **160 CLAIRMONT AVE., STE. 510**
CITY-ST-ZIP **DECATUR GA 30030**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **KIRKMAN TOMMY**
STREET ADDRESS **160 CLAIRMONT AVE., STE. 510**
CITY-ST-ZIP **DECATUR GA 30030**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **COLLIER JOSEPH W.**
STREET ADDRESS **160 CLAIREMONT AVE., STE. 510**
CITY-ST-ZIP **DECATUR GA 30030**TITLE **P** ☒ Change ☐ Addition
NAME **RUTLAND GUY WIV**
STREET ADDRESS **160 CLAIREMONT AVE., STE. 510**
CITY-ST-ZIP **DECATUR GA 30030**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: DAVID S. FORBES**T****04/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)