

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90211 030 \*\*\*150.00

046410

**DOCUMENT # 807906**

1. Entity Name  
**MARABLE-PIRKLE, INC.**

Principal Place of Business <b>2515 FAIRBURN RD SW          P O BOX 310023          ATLANTA GA 30331</b>	Mailing Address <b>2515 FAIRBURN RD SW          P O BOX 310023          ATLANTA GA 30331</b>
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**818172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-0544119</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BEARRINGER, FARRELL                  1701 WEST GARDEN STREET                  PENSACOLA FL 32593</b>				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	VD FAAS, L W	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	445 MONTEVALLO DR, NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 00000		CITY-ST-ZIP		
TITLE NAME	D PIRKLE, G S	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1840 LINWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	E POINT, GA 00000		CITY-ST-ZIP		
TITLE NAME	PD PIRKLE, R E	<input type="checkbox"/> Delete	TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	140 MONTICELLO WAY		STREET ADDRESS	150 Monticello Way	
CITY-ST-ZIP	FAIRBURN, GA 00000		CITY-ST-ZIP	Fairburn, GA 30213	
TITLE NAME	ST DUDLEY, DAN R.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	130 DOVER CT.		STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE GA		CITY-ST-ZIP		
TITLE NAME	V PIRKLE, MICHAEL R.	<input type="checkbox"/> Delete	TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	145 MONTICELLO WAY		STREET ADDRESS	210 MacKenzie Lane	
CITY-ST-ZIP	FAIRBURN GA		CITY-ST-ZIP	Fayetteville, GA 30214	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Dan R. Dudley Dan R. Dudley Sect/Treas 3/22/01 404/344-4411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)