2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90007 021 ***150.00

DOCUMENT # 807906

1. Entity Name

MARABLE-PIRKLE, INC.

Principal Place of Business

2515 FAIRBURN RD SW
P O BOX 310023
ATLANTA GA 30331

Mailing Address

2515 FAIRBURN RD SW
P O BOX 310023
ATLANTA GA 30331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number 58-0544119	Applied For
			Not Applicable

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

6. Name and Address of Current Registered Agent

BEARRINGER, FARRELL
1701 WEST GARDEN STREET
PENSACOLA FL 32593

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, 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIRKLE, R E 150 MONTICELLO WAY FAIRBURN GA 30213	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUDLEY, DAN R. 130 DOVER CT. FAYETTEVILLE GA	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIRKLE, MICHAEL R. 210 MACKENZIE LANE FAYETTEVILLE GA 30214	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / ST Collins, Marshall J. 245 Canal Place Fayetteville, GA 30215	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _Michael R. Pirkle_   Michael R. Pirkle Presient   1/21/02   404/344-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/01)