

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90052 021 ***150.00

DOCUMENT # 818221

1. Entity Name
KECK & WOOD, INC.

Principal Place of Business PLEASANTDALE ROAD GA 30340	Mailing Address 3722 PLEASANTDALE ROAD ATLANTA GA 30096-4980
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2425 Commerce Ave.	3. Mailing Address Same as #2
Suite, Apt. #, etc. Bldg 2100 Suite 300	Suite, Apt. #, etc.
City & State Duluth Ga. 30096	City & State
Zip Country	Zip Country

4. FEI Number 58-0801754	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORBIN, P R
 731 MAY ST
 JACKSONVILLE FL 32204**

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 _____ (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, 2000 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	V MOFFITT, MICHAEL J. 3345 HIGHLAND PINE DR. DULUTH GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HULSEY, J R 4167 ENGLISH OAK DR DORAVILLE, GA 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD CORBIN JR, C C 3247 OLDE DEKALB WAY ATLANTA, GA 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY JR, J B 135 S ROBERST DR SUGAR HILL, GA 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENZ, D D 582 OLD MILL CT NORCROSS, GA 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Hulse* **REQUIRED names Hulse** Date: 4-24-00 Daytime Phone #: 678/419-4000

C 11 (1/14/19/99)