


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90387 023 ***150.00

0024761 AT

DOCUMENT # 818221			
1. Entity Name KECK & WOOD, INC.			
Principal Place of Business 2425 COMMERCE AVE. BLDG. 2100 STE. 300 DULUTH GA 30096		Mailing Address 2425 COMMERCE AVE. BLDG. 2100 STE. 300 DULUTH GA 30096	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORBIN, P R 731 MAY ST JACKSONVILLE FL 32204		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFITT, MICHAEL J.	NAME	
STREET ADDRESS	3345 HIGHLAND PINE DR.	STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSEY, J R	NAME	
STREET ADDRESS	611 ASHTON MANOR DR	STREET ADDRESS	
CITY-ST-ZIP	LOGANVILLE GA 30052	CITY-ST-ZIP	
TITLE	TVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN JR, C C	NAME	
STREET ADDRESS	3247 OLDE DEKALB WAY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY JR, J B	NAME	
STREET ADDRESS	135 S ROBERTS DR	STREET ADDRESS	
CITY-ST-ZIP	SUGAR HILL, GA 00000	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, D D	NAME	
STREET ADDRESS	582 OLD MILL CT	STREET ADDRESS	
CITY-ST-ZIP	NORCROSS, GA 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED **JAMES** 4-15-03 678/417-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)