

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90229 029 ***150.00

DOCUMENT # F97000003569

1. Entity Name
CA3 CONSTRUCTION COMPANY, INC.

Principal Place of Business
**1000 UNION CENTER DRIVE
 STE B
 ALPHARETTA GA 30004**

Mailing Address
**1000 UNION CENTER DRIVE
 STE B
 ALPHARETTA GA 30004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**1000 Union Center Drive
 Suite, Apt. #, etc.
 Suite B**

3. Mailing Address
**1000 Union Center Drive
 Suite, Apt. #, etc.
 Suite B**

City & State
Alpharetta, Georgia

City & State
Alpharetta, Georgia

4. FEI Number
58-2013218

Applied For
 Not Applicable

Zip Country
30004 Forsyth

Zip Country
30004 Forsyth

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD ADAMS III, CHARLES 14342 CLUB CIR. ALPHARETTA GA 30004 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ADAMS, DARRI E 14342 CLUB CIR. ALPHARETTA GA 30004 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 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 |
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| 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 information.

SIGNATURE: *Charles Adams III* **President** 4/22/02 770-475-9424
SIGNATURE AND TITLE OF REGISTERED AGENT AND TITLE IF APPLICABLE. DATE DAYTIME PHONE #

CR2E034 (9/01)