

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H87259**

1. Entity Name
A-1 STEVENS VAN LINES, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90034 006 ***550.00

Principal Place of Business
**2913 A NORTHEAST PKWY
ATLANTA GA 30360
US**

Mailing Address
**2913A NORTHEAST PKWY
ATLANTA GA 30360
US**

H0074646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3445 STATELY OAKS LANE

3. Mailing Address
3445 STATELY OAKS LANE

Suite, Apt. #, etc.

City & State
DULUTH, GA

City & State
DULUTH, GA

4. FEI Number **59-2609312**

Applied For
 Not Applicable

Zip **30097** Country **USA**

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

6. Name and Address of Current Registered Agent
**SULLIVAN, CHUCK A.
311 S. MISSOURI AVE.
CLEARWATER FL 34616**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P STEVENS, ARCHIE H., JR. 3445 STATELY OAKS LANE DULUTH GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROCK, NICOLE C 1535 PULASKI CT SUWANEE GA 30024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIMENEZ, ROBERT 987 INDIAN WAY LILBURN GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGLISH, WILLIAM M 2916 SPANISH OAK DR LILBURN GA 3047 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEVENS, ARCHIE H., JR. 3445 STATELY OAKS LANE DULUTH, GA 30097
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: *Archie H. Stevens, Jr.* **ASST Sec** **8/1/2000** **770-623-4812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/00)