

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90045 009 ***150.00

0622651 AT

DOCUMENT # **L26927**

1. Entity Name
BOARDWORKS OUTDOOR ADVERTISING COMPANY, INC.

Principal Place of Business 3005 PEACHTREE ROAD NE STE 100-A ATLANTA GA 30305 US	Mailing Address 2720 COLONIAL DR. NE TUSCALOOSA AL 35404 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1211 WILLIAMS STREET Suite, Apt. #, etc. SECOND FLOOR	3. Mailing Address Suite, Apt. #, etc.
City & State ATLANTA GA	City & State
Zip 30309 Country US	Zip Country

4. FEI Number 59-3060100	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent
HOROWITZ, MITCHELL I
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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 VPD	<input checked="" type="checkbox"/> Delete
NAME ESTES, WARREN	
STREET ADDRESS 2350 PENDLETON DR	
CITY-ST-ZIP SUWANEE GA 30024	
TITLE PD	<input type="checkbox"/> Delete
NAME ROBERTS, LAWRENCE A JR.	
STREET ADDRESS 27 ROANOKE AVE	
CITY-ST-ZIP ATLANTA GA 30305	
TITLE DTS	<input type="checkbox"/> Delete
NAME JUNKIN, MARTHA	
STREET ADDRESS 2720 COLONIAL DR. NE	
CITY-ST-ZIP TUSCALOOSA AL 35404	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X *[Signature]* REQUIRED X *Lacey Roberts* x *3/24/02* x *8337834*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)