

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90039 009 ***150.00

DOCUMENT # P14696

1. Entity Name
HEAD DISTRIBUTING COMPANY

Principal Place of Business Mailing Address
4820 NORTH CHURCH LANE 4820 NORTH CHURCH LANE
SMYRNA GA 30080 SMYRNA GA 30080

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-1095258** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICKETT, DAVID
5151 SUNBEAM ROAD
SUITE 24
JACKSONVILLE FL 32257

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CEOD**
 STREET ADDRESS **HEAD, ANDREW M.**
 CITY-ST-ZIP **5270 WOODRIDGE FOREST TRAIL**
ATLANTA GA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BRANNON, ARTHUR D.**
 CITY-ST-ZIP **4320 CHAPEL HILL FARM**
DOUGLASVILLE GA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **REED, DANIEL T**
 CITY-ST-ZIP **3232 COBB PARKWAY #282**
ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HEAD, JOHN F., JR.**
 CITY-ST-ZIP **2880 BAKERS FARM ROAD**
ATLANTA GA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HEAD, JOHN F., III**
 CITY-ST-ZIP **3495 TUXEDO ROAD**
ATLANTA GA

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2504 WOODWARD WAY**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCINERNEY, PAULA H**
 CITY-ST-ZIP **5520 WHITNER DRIVE**
ATLANTA GA

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **730 WHETEMERE COURT**
 CITY-ST-ZIP **ATLANTA GA 30327**

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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 404-792-2000
 Daytime Phone #

CR2E034 (9/01)