

2002 UNIFORM-BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90014 046 ***150.00

UNSC123 AI

DOCUMENT # P36367

1. Entity Name
TALLAHASSEE HOLDINGS, INC.



Principal Place of Business: **161 VILLAGE PARKWAY, BUILDING 7, MARIETTA, GA 30067**
 Mailing Address: **161 VILLAGE PARKWAY, BUILDING 7, MARIETTA GA 30067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **35 Johnson Ferry Rd**
 Suite, Apt. #, etc.

3. Mailing Address: **35 Johnson Ferry Rd**
 Suite, Apt. #, etc.

City & State: **Marietta, GA**

4. FEI Number: **58-1900394**
 Applied For: Not Applicable

Zip: **30067** Country

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

6. Name and Address of Current Registered Agent
PROCTOR-AUSLEY, MCMULLEN J
227 S. CALHOUN ST.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32302

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: *Lancy Herberg* DATE: **1/8/02**
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.
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	DP BROWN, G. OWEN 695 RIVER KNOLL DRIVE... MARIETTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ARMSTRONG, WILLIAM L. 5303 BALDWIN RIDGE TRAIL MARIETTA GA	<input 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
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		<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 empowered.

SIGNATURE: *Lancy Herberg* DATE: **1/8/02** DAYTIME PHONE #: **770-956-8383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)