





BUSINESS INFORMATION

-----  
 Business Address:  
 -----  
 E & G RESIDENTIAL REMODELING SERVIVCES, LLC  
 6951 FOXMOOR WAY  
  
 DOUGLASVILLE, GA 30134  
  
 Ph: (404) 396-5130  
 Fax:  
 Car-Rt:  
  
 Business Contact:  
 -----  
 Name: EDWIN PICADO  
 Ph: (404) 668-5380  
 Email: EWINP.0916@ICLOUD.COM

-----  
 Billing/Mailing Address:  
 -----  
 E & G RESIDENTIAL REMODELING SERVIVCES, LLC  
 6951 FOXMOOR WAY  
 ATTN: BUSINESS OWNER  
 DOUGLASVILLE, GA 30134  
  
 Ph:  
 Fax:  
 Car-Rt:

=====  
 BUS ID: 11604 BUS NAME: EL PEQUENO MEXICO, LLC TOTAL LICENSES: 1  
 =====

BUS ADD'L:  
 BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS  
 BUS STATUS: Active

BUSINESS INFORMATION

-----  
 Business Address:  
 -----  
 EL PEQUENO MEXICO, LLC  
 8490 HOSPITAL DR  
  
 DOUGLASVILLE, GA 30134  
  
 Ph: (404) 903-6960  
 Fax:  
 Car-Rt:  
  
 Business Contact:  
 -----  
 Name: JENNIFER TAPIA  
 Ph: (470) 399-4734  
 Email: ELPEQUENOMEXICO8490@GMAIL.COM

-----  
 Billing/Mailing Address:  
 -----  
 EL PEQUENO MEXICO, LLC  
 5086 OLD DIXIE HWY LOT 18  
 ATTN: BUSINESS OWNER  
 FOREST PARK, GA 30297  
  
 Ph:  
 Fax:  
 Car-Rt:

=====  
 BUS ID: 11618 BUS NAME: ENJOY LIFE JUNK REMOVAL, LLC TOTAL LICENSES: 1  
 =====

BUS ADD'L:  
 BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS  
 BUS STATUS: Active

BUSINESS INFORMATION

-----  
 Business Address:  
 -----  
 ENJOY LIFE JUNK REMOVAL, LLC  
 12461 VETERAN'S MEMORIAL HWY  
  
 DOUGLASVILLE, GA 30134  
  
 Ph:  
 Fax:  
 Car-Rt:  
  
 Business Contact:  
 -----  
 Name: OMAR DANIEL  
 Ph: (678) 458-5548  
 Email: OMAR@ENJOYLIFEJUNKREMOVAL.COM

-----  
 Billing/Mailing Address:  
 -----  
 ENJOY LIFE JUNK REMOVAL, LLC  
 12461 VETERAN'S MEMORIAL HWY  
 ATTN: BUSINESS OWNER  
 DOUGLASVILLE, GA 30134  
  
 Ph:  
 Fax:  
 Car-Rt:

=====  
 BUS ID: 11598 BUS NAME: FAMILY DENTISTRY OF DOUGLASVILLE TOTAL LICENSES: 1  
 =====

BUS ADD'L:  
 BUS TYPE: COMMERCIAL -- COMMERCIAL BUSINESS  
 BUS STATUS: Active

BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
DR. JOSHUA R MCINTIRE DMD PC                   DR. JOSHUA R MCINTIRE DMD PC
6128 PRESTLEY MILL RD SUITE E                 6128 PRESTLEY MILL RD SUITE E
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax: (770) 949-5407                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: GRANT CROWE                               Name 2:
Ph: (770) 949-8822
Email: GC.DOUGLASVILLEDEDENTAL@GMAIL.COM

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=====
BUS ID:      11595          BUS NAME:  GREAVES HOME INSPECTIONS          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
GREAVES HOME INSPECTIONS                       GREAVES HOME INSPECTIONS
3849 CINDY DR                                   3849 CINDY DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                     DOUGLASVILLE , GA 30135

Ph:                                             Ph:
Fax:                                             Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: ROCHELLE GREAVES                         Name 2:
Ph: (315) 516-0827
Email: ROCHELLESTOKES54@GMAIL.COM

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=====
BUS ID:      11599          BUS NAME:  HOLISTIC NATURAL HEALTH CENTER          TOTAL LICENSES:      1
=====

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```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
AMAZING NATURAL HEALTH CENTER                  AMAZING NATURAL HEALTH CENTER
3306 HWY 5                                     PO BOX 1915
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                     DOUGLASVILLE, GA 30133

Ph: (770) 485-3805                             Ph:
Fax: (678) 401-0396                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: FLORENCE AKIN                             Name 2: SAMUEL AKIN
Ph: (678) 758-3756
Email: DRFLOAKIN09@GMAIL.COM

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=====
BUS ID:      11608          BUS NAME:  HOUSE SENSATION ART          TOTAL LICENSES:      1
=====

```

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
HOUSE SENSATION ART                             HOUSE SENSATION ART
8434 PRICE AVE                                  8434 PRICE AVE
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: DIANE BERRIDGE                             Name 2:
Ph: (706) 825-8435
Email: ACCOUNTING@HOUSESENSATIONSART.COM

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=====
BUS ID:      11596          BUS NAME:      JONES & JONES FREIGHT          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
JONES & JONES FREIGHT                           JONES & JONES FREIGHT
8541 BRAYLEN MANOR DR                           8541 BRAYLEN MANOR DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: NATASHIA COLE                             Name 2:
Ph: (504) 595-9000
Email: JONESJONES4FREIGHTLLC@GMAIL.COM

```

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=====
BUS ID:      11610          BUS NAME:      KAY ANIMAL HOSPITAL          TOTAL LICENSES:      1
=====

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BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
PETVET CARE CENTERS (GEORGIA), LLC              PETVET CARE CENTERS (GEORGIA), LLC
8891 HWY 5                                       21 ROBERT PITT DRIVE
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       MONSEY, NY 10952

Ph:                                              Ph:
Fax:                                             Fax:
Car-Rt:                                         Car-Rt:

Business Contact:
-----
Name: SHANNON CARTER                             Name 2: JENNIFER ROUGH
Ph: (770) 949-7030
Email: SHANNON@KAYANIMAL.COM

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=====
BUS ID:      11617          BUS NAME:      KQUEEN PUBLISHING AND COSMETICS, LLC          TOTAL LICENSES:      1
=====

```

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BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
KQUEEN PUBLISHING AND COSMETICS, LLC           KQUEEN PUBLISHING AND COSMETICS, LLC
7674 MOUNTAIN CREEK WAY                       7674 MOUNTAIN CREEK WAY
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: KEESHA MCCLOUD                           Name 2:
Ph: (678) 368-2745
Email: MCCLOUD.KEESHA@GMAIL.COM

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=====
BUS ID:      11600          BUS NAME:    KWIKE FILE TAX SERVICES          TOTAL LICENSES:      1
=====

```

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BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
CRYSTAL LION, LLC                             CRYSTAL LION, LLC
9459 HIGHWAY 5 SUITE F                       2900 DELK RD SUITE 700
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE , GA 30135                     MARIETTA, GA 30067

Ph: (770) 966-2755                            Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: ROSHAWN MCGOVERN                         Name 2:
Ph: (562) 472-7406
Email: R.MCGOVERN@KWIKEFILE.COM

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=====
BUS ID:      11609          BUS NAME:    LASTING IMPRESSION FLOOR CARE, LLC  TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LASTING IMPRESSION FLOOR CARE, LLC           LASTING IMPRESSION FLOOR CARE, LLC
7308 BRAMBLE OAK DR                          7308 BRAMBLE OAK DR
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                     DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: SAYON BARCLIFT                           Name 2:
Ph: (678) 693-0676
Email: BARCLIFTSAYON@YAHOO.COM

```

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=====
BUS ID:      11611          BUS NAME:    LEXI VIRGIN HAIR          TOTAL LICENSES:      1
=====

```

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BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
LEXI VIRGIN HAIR                               LEXI VIRGIN HAIR
6971 PINE SHADOW WAY                          6971 PINE SHADOW WAY
WINSTON, GA 30187                             ATTN: BUSINESS OWNER
                                              WINSTON, GA 30187

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: DENOSE L. TANIS                          Name 2:
Ph: (404) 409-8630
Email: DENOSETANIS35@GMAIL.COM

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=====
BUS ID:      11593          BUS NAME:  MEKHAIL BROTHERS, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

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-----
Business Address:                               Billing/Mailing Address:
-----
MEKHAIL BROTHERS, LLC                          MEKHAIL BROTHERS, LLC
7217 WOODCREEK WAY                            7217 WOODCREEK WAY
DOUGLASVILLE, GA 30134                     ATTN: BUSINESS OWNER
                                              DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: KEITEL SMALL                            Name 2:
Ph: (404) 599-0634
Email: KEITEL.SMALL@GMAIL.COM

```

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=====
BUS ID:      11589          BUS NAME:  NICHOLS CENTER, INC          TOTAL LICENSES:      2
=====

```

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BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Exempt

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
NICHOLS CENTER, INC                          NICHOLS CENTER, INC
6534 SPRING ST                               3050 AUTUMN WOODS CT.
DOUGLASVILLE, GA 30134                     ATTN: BUSINESS OWNER
                                              DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                        Car-Rt:

Business Contact:
-----
Name: TARA NICHOLS                            Name 2:
Ph: (678) 634-8989
Email: NICHOLSCENTER.RECOVERY@GMAIL.COM

```

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=====
BUS ID:      11607          BUS NAME:  NURSE KAY KARES, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
NURSE KAY KARES, LLC                           NURSE KAY KARES, LLC
622 PRESTON LANDING CIR                       622 PRESTON LANDING CIR
LITHIA SPRINGS, GA 30122                     ATTN: BUSINESS OWNER
                                              LITHIA SPRINGS, GA 30122

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: KATHERINE WHITE                           Name 2:
Ph: (205) 837-4732
Email: KWHITE@CRIMSON.UA.EDU

```

```

=====
BUS ID:      11612          BUS NAME:    ON-TIME RESOURCES          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
ON-TIME RESOURCES                             ON-TIME RESOURCES
3210 BRANTINGHAM RD                          3210 BRANTINGHAM RD
DOUGLASVILLE , GA 30135                   ATTN: BUSINESS OWNER
                                              DOUGLASVILLE , GA 30135

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: DOMINIC WARREN                           Name 2:
Ph: (504) 237-0702
Email: WARRENDOMINIC18@GMAIL.COM

```

```

=====
BUS ID:      11615          BUS NAME:    PATRICIA'S BRAIDS AND LOCS          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
PATRICIA'S BRAIDS AND LOCS                   PATRICIA'S BRAIDS AND LOCS
8480 HOSPITAL DR                             8480 HOSPITAL DR
DOUGLASVILLE, GA 30134                   ATTN: BUSINESS OWNER
                                              DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: AMOIN YOFOUA                             Name 2:
Ph: (404) 652-5050
Email: AKAYOFOUA@GMAIL.COM

```

```

=====
BUS ID:      11592          BUS NAME:    PERFECTLY SPENT BOUTIQUE          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:    RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```



BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
PERFECTLY SPENT BOUTIQUE                       PERFECTLY SPENT BOUTIQUE
220 SPRING CREEK WAY                           220 SPRING CREEK WAY
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       DOUGLASVILLE, GA 30134

Ph:      (410) 209-0182                         Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: MONICA BOARDLEY                           Name 2:
Ph:      (678) 310-0821
Email: PERFECTLYSPENTBOUTIQUE@YAHOO.COM

```

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=====
BUS ID:      11603          BUS NAME:  SHONUFF STYLES BY MS. SHUN, LLC          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
SHONUFF STYLES BY MS. SHUN, LLC                SHONUFF STYLES BY MS. SHUN, LLC
8515 HOSPITAL DR SUITE A                       105 APACHE ST. SW
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       ATLANTA, GA 30331

Ph:                                           Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: RESHUNTA BELL                             Name 2:
Ph:      (352) 875-0921
Email: SHONUFFSTYLES@GMAIL

```

```

=====
BUS ID:      11602          BUS NAME:  SPARK MOTORS          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
SPARK MOTORS, LLC                              SPARK MOTORS, LLC
8318 DURELEE LN SUITE 104A                    9129 GLADWYNE XING
                                                ATTN: BUSINESS OWNER
DOUGLASVILLE, GA 30134                       VILLA RICA, GA 30180

Ph:                                           Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: KAMRAN GILANI                             Name 2:
Ph:      (678) 545-5435
Email: SPARKMOTORSGA@GMAIL.COM

```

```

=====
BUS ID:      11601          BUS NAME:  STOKES BARBERSHOP          TOTAL LICENSES:      1
=====

```

```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

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BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
STOKES BARBERSHOP                             STOKES BARBERSHOP
3931 LONGVIEW DR                             3931 LONGVIEW DR
DOUGLASVILLE , GA 30135                   ATTN: BUSINESS OWNER
                                              DOUGLASVILLE , GA 30135

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: KENYA D. STOKES II                       Name 2:
Ph: (404) 313-9341
Email: KENYA.STOKES7@GMAIL.COM

```

```

=====
BUS ID: 11597          BUS NAME:  TARAY'S CLEANING SERVICE          TOTAL LICENSES: 1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
TARAY'S CLEANING SERVICE                       TARAY'S CLEANING SERVICE
6454 SHADOW CT                                6454 SHADOW CT
DOUGLASVILLE, GA 30134                     ATTN: BUSINESS OWNER
                                              DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: TARAY HODGE                               Name 2:
Ph: (770) 549-6161
Email: TARAYHODGES@GMAIL.COM

```

```

=====
BUS ID: 11590          BUS NAME:  TEN, LLC          TOTAL LICENSES: 2
=====

```

```

BUS ADD'L:
BUS TYPE:  COMMERCIAL  --  COMMERCIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

```

-----
Business Address:                               Billing/Mailing Address:
-----
TEN, LLC                                       TEN, LLC
6534 SPRING ST                               3050 AUTUMN WOODS CT.
DOUGLASVILLE, GA 30134                     ATTN: BUSINESS OWNER
                                              DOUGLASVILLE, GA 30134

Ph:                                             Ph:
Fax:                                           Fax:
Car-Rt:                                       Car-Rt:

Business Contact:
-----
Name: TARA NICHOLS                             Name 2:
Ph: (678) 634-8989
Email: TARA.EA.NICHOLS@GMAIL.COM

```

```

=====
BUS ID: 11614          BUS NAME:  WALTONS MASONRY, LLC          TOTAL LICENSES: 1
=====

```

```

BUS ADD'L:
BUS TYPE:  RESIDENTIAL  --  RESIDENTIAL BUSINESS
BUS STATUS: Active

```

BUSINESS INFORMATION

-----  
Business Address:

-----  
WALTONS MASONRY, LLC  
6388 HARVESTER CIR  
  
DOUGLASVILLE, GA 30134

Ph:  
Fax:  
Car-Rt:

Business Contact:

-----  
Name: DONALD WALTON  
Ph: (770) 837-5788  
Email: WALTONSMASONRYLLC@GMAIL.COM

Billing/Mailing Address:

-----  
WALTONS MASONRY, LLC  
6388 HARVESTER CIR  
ATTN: BUSINESS OWNER  
DOUGLASVILLE, GA 30134

Ph:  
Fax:  
Car-Rt:

Name 2:CHARLOTTE WALTON

-----  
TOTALS -- Businesses: 30 Licenses: 32