FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2001 8:00 am Secretary of State **DOCUMENT # 582512** 1. Entity Name AMERICAN PREPAID PROFESSIONAL SERVICES, INC. 3-29-2001 90405 048 \*\*\*150.00 Principal Place of Business Mailing Address 100 MANSELL CT E., 100 MANSELL CT E., STE 400 **STE 400** ROSWELL GA 30076 ROSWELL GA 30076 ŲS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1843760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORP. SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLE RD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CCEO Change ☐ Addition ☐ Delete TITLE TITLE KLOCK, DAVID R NAME NAME 100 MANSWELL CT E, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA ☐ Change ☐ Addition ☐ Detete TITLE KLOCK, PHYLLIS A NAME STREET ADDRESS 100 MANSWELL CT E, STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA ☐ Delete TITLE ☐ Change ☐ Addition TITLE MITCHELL, BRUCE A NAME NAMÉ 100 MANSELL CT E, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA ☐ Defete TITLE ☐ Change ☐ Addition TITLE YODER, KEITH NAME NAME STREET ADDRESS STREET ADDRESS 100 MANSELL CT E., CITY-ST-ZIP CITY-ST-ZIP **ROSWELL GA 30076** TITLE ☐ Delete TITL F ☐ Chance ☐ Addition EDWARDS, DONALD NAME NAME STREET ADDRESS 100 MANSEL CT E. STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA 30076 TITLE ☐ Delete ☐ Change TITLE ☐ Addition SCOTT, DAVID F JR NAME NAME STREET ADDRESS 100 MANSEL CT E. STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSWELL GA 30076

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:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A

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3/20/0

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American Prepaid Professional Services, Inc.

Directors

Directors

Roger Kafker

100 Mansell Court East, Suite 400, Roswell, GA 30076

Scott Hilinski

100 Mansell Court East, Suite 400, Roswell, GA 30076