

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90198 016 ***150.00

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DOCUMENT # 582512

1. Entity Name
AMERICAN PREPAID PROFESSIONAL SERVICES, INC.

Principal Place of Business Mailing Address
100 MANSELL CT E. **100 MANSELL CT E.**
STE 400 **STE 400**
ROSWELL GA 30076 **ROSWELL GA 30076**
US **US**

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 **59-1843760**

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

CT CORP. SYSTEMS
1200 S PINE ISLE RD
PLANTATION FL 33324

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 **CCEO**
STREET ADDRESS **KLOCK, DAVID R**
CITY-ST-ZIP **100 MANSELL CT E, STE 400**
ROSWELL GA

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **KLOCK, PHYLLIS A**
CITY-ST-ZIP **100 MANSELL CT E, STE 400**
ROSWELL GA

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MITCHELL, BRUCE A**
CITY-ST-ZIP **100 MANSELL CT E, STE 400**
ROSWELL GA

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **YODER, KEITH**
CITY-ST-ZIP **100 MANSELL CT E,**
ROSWELL GA 30076

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EDWARDS, DONALD**
CITY-ST-ZIP **100 MANSEL CT E. STE 400**
ROSWELL GA 30076

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCOTT, DAVID F JR**
CITY-ST-ZIP **100 MANSEL CT.E. STE 400**
ROSWELL GA 30076

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02 **770 998 8936**
Date Daytime Phone #

CR2E034 (9/01)

Attachment

AMERICAN PREPAID PROFESSIONAL SERVICES, INC.
BOARD OF DIRECTORS

582512
713586

Name:

Street Address:

City, State, Zip Code:

Roger B. Kafker

100 Mansell Court East, Suite 400 Roswell, GA 30076

Scott Hilinski

100 Mansell Court East, Suite 400 Roswell, GA 30076