

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29754

1. Entity Name

AIA TALLAHASSEE, INC.

Principal Place of Business

% P.O. BOX 14132
TALLAHASSEE FL 32317-0132
US

Mailing Address

% P.O. BOX 14132
TALLAHASSEE FL 32317-0132
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 59-2299347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSSONG, KEVIN
1022 HOLLAND DR
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Cam Whitlock

Street Address (P.O. Box Number is Not Acceptable)

1331 E. Lafayette St., Ste B

City

Tallahassee

FL

Zip Code

32301

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)

DATE

3.21.02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHITEHEAD, DON
STREET ADDRESS 1960-C BUFORD BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE D
NAME PETERSON, TERRY
STREET ADDRESS 820 EAST PARIC AVE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE P
NAME MISTRY, FIROZ
STREET ADDRESS 496 DOGWOOG TRAIL
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE VP
NAME NATION, JOHN
STREET ADDRESS 1382 TIMBERLANE RD., #C
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE S
NAME SOSSONG, KEVIN
STREET ADDRESS 1022 HOLLAND DR
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE T
NAME WHITLOCK, CAM
STREET ADDRESS 42 BROOME ST
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE Treasurer
NAME Whitlock, Camden
STREET ADDRESS 1331 E. Lafayette St., Ste B
CITY-ST-ZIP Tallahassee, FL 32301 ☒ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90171 038 ****61.25



DO NOT WRITE IN THIS SPACE

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