

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091306

1. Entity Name
ALIGNISONE OF FLORIDA, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 007 ***550.00

Principal Place of Business

1055 LENOX PARK BLVD.
SUITE 150
ATLANTA GA 30319

Mailing Address

1055 LENOX PARK BLVD.
SUITE 150
ATLANTA GA 30319

A0074271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 GALLERIA PARKWAY
Suite, Apt. #, etc.
Suite 1125

3. Mailing Address

100 GALLERIA PARKWAY
Suite, Apt. #, etc.
1125

City & State

ATLANTA, GA

City & State

ATLANTA, GA

4. FEI Number

58-2271576

Applied For

Not Applicable

Zip

Country

30339

USA

Zip

30339

Country

USA

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLIS, DANIEL W
1055 LENOX PARK BLVD., SUITE 150
ATLANTA GA 30319 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JACK WILLIAMS
100 GALLERIA PARKWAY, SUITE 1125
ATLANTA, GA 30339 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FROISTAD, ERIC J
1055 LENOX PARK BLVD
ATLANTA GA 30319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100 GALLERIA PARKWAY, SUITE 1125
ATLANTA GA 30339 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

ERIC J. Froistad

7-31-00

404-848-0944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)