

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90072 032 ***150.00

822959



DO NOT WRITE IN THIS SPACE

DOCUMENT # 454634

1. Entity Name

SERVICE RESOURCES CORPORATION OF FLORIDA

Principal Place of Business

Mailing Address

GLENRIDGE DR
SUITE 870
ATLANTA GA 30342
US5605 GLENRIDGE DR
SUITE 870
ATLANTA GA 30342-4974
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1197058

Applied For

Not Applicable

Zip

Country

Zip

Country

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 CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 P ☐ Delete
NAME JUDSON, MARK
STREET ADDRESS 5345 S TRIMBLE RD NE
CITY-ST-ZIP ATLANTA GA 30342TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DCT ☐ Delete
NAME HUMANN, L. PHILLIP
STREET ADDRESS 721 W WESLEY RD NW
CITY-ST-ZIP ATLANTA, GA 00000TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME PANTER, JAMES F
STREET ADDRESS 1447 PEACHTREE ST NE
CITY-ST-ZIP ATLANTA, GA 00000TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME DOYLE, BRYAN J.
STREET ADDRESS 2240 BUTTERCUP CT
CITY-ST-ZIP LAKELAND FL 33801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK J. JUDSON

3/13/00

404-943-9441

Date

Daytime Phone #

CR2E034 (9/99)