

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454634

1. Entity Name

SERVICE RESOURCES CORPORATION OF FLORIDA

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90093 049 ***150.00

Principal Place of Business

5605 GLENRIDGE DR
SUITE 870
ATLANTA GA 30342
US

Mailing Address

5605 GLENRIDGE DR
SUITE 870
ATLANTA GA 30342
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 58-1197058

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 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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	JUDSON, MARK	5345 S TRIMBLE RD NE ATLANTA GA 30342	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DCT	HUMANN, L. PHILLIP	721 W WESLEY RD NW ATLANTA, GA 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	PANTER, JAMES F	1447 PEACHTREE ST NE ATLANTA, GA 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VP	DOYLE, BRYAN J.	2240 BUTTERCUP CT LAKELAND FL 33801	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

PRESIDENT

3/27/01

Date

404-943-9441

Daytime Phone #

CR2E034 (10/00)