

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818119

1. Entity Name
ALCON ASSOCIATES, INC.

Principal Place of Business
POST OFFICE BOX 3410
201 BALDWIN DRIVE
ALBANY GA 31708

Mailing Address
POST OFFICE BOX 3410
201 BALDWIN DRIVE
ALBANY GA 31708

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 58-0943488 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

MCDANIEL, NOEL
236 S GERONIMO DR
DESTIN FL 32541

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 \$550.00
After September 12, 2001 Fee 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 VD
NAME NEWELL, ROY
STREET ADDRESS 201 BALDWIN DR.
CITY-ST-ZIP ALBANY GA ☐ Delete

TITLE DVS
NAME HUNKELE, JOE
STREET ADDRESS 201 BALDWIN DR.
CITY-ST-ZIP ALBANY GA ☐ Delete

TITLE TD
NAME WORTMAN, J.W.
STREET ADDRESS 201 BALDWIN DR.
CITY-ST-ZIP ALBANY GA ☐ Delete

TITLE PD
NAME BRYAN, L.D.III
STREET ADDRESS 201 BALDWIN DR.
CITY-ST-ZIP ALBANY GA ☐ Delete

TITLE VD
NAME MCDANIEL, NOEL
STREET ADDRESS 201 BALDWIN DR.
CITY-ST-ZIP ALBANY GA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME 200004613922-4
STREET ADDRESS -09/27/01-01073-003
CITY-ST-ZIP *****750.00 *****750.00 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ 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: W. Wortman SIGNATURE REQUIRED

9-17-01 229 431-1505

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 PM 4:08



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)