

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90083 045 ***550.00

0119450 AT

DOCUMENT # 832090

1. Entity Name

NATIONAL REVENUE CORPORATION



Principal Place of Business
**2323 LAKE CLUB DRIVE
COLUMBUS OH 43232**

Mailing Address
**4450 RIVER GREEN PKWY
#200
DULUTH GA 30096**



2. Principal Place of Business
4000 E. Fifth Ave
Suite, Apt. #, etc.

3. Mailing Address
2675 Breckinridge Blvd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Columbus OH
Zip
43219
Country
US

City & State
Duluth, GA
Zip
30096
Country
US

4. FEI Number **31-0829931**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CUNNINGHAM, DENNIS M**
STREET ADDRESS **4450 GREEN RIVER PKWY STE 200**
CITY-ST-ZIP **DULUTH GA 30096**

TITLE **T** ☐ Delete
NAME **CONNOLLEY, JOSEPH**
STREET ADDRESS **4450 RIVER GREEN PKWY**
CITY-ST-ZIP **DULUTH GA 30096**

TITLE **VPAS** ☐ Delete
NAME **MEWEL, ALICE G**
STREET ADDRESS **4450 RIVER GREEN PKWY SUITE 200**
CITY-ST-ZIP **DULUTH GA 30096**

TITLE **VP** ☐ Delete
NAME **BAUER, TIMOTHY**
STREET ADDRESS **4450 RIVER GREEN PKWY SUITE 200**
CITY-ST-ZIP **DULUTH GA 30096**

TITLE **VP** ☐ Delete
NAME **SAMS, JOHN**
STREET ADDRESS **4450 RIVER GREEN PKWY SUITE 200**
CITY-ST-ZIP **DULUTH GA 30096**

TITLE **D** ☐ Delete
NAME **RAUNER, BRUCE V**
STREET ADDRESS **4450 RIVER GREEN PKWY SUITE 200**
CITY-ST-ZIP **DULUTH GA 30096**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **Heusel, Alice G**
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

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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice G. Heusel

Date

Daytime Phone #

11/25/03 (770) 925-5331

CR2E034 (4/03)