

# 2002 UNIFORM BUSINESS REPORT (UBR)

0139669 AB

DOCUMENT # F00000000186

FILED

02 NOV -7 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
AMERICA, HR INC

Principal Place of Business

1833 MAGNAVOX WAY  
FORT WAYNE IN 46804

Mailing Address

1833 MAGNAVOX WAY  
FORT WAYNE IN 46804

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 62-1674287

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

SIGNATURE *Barbara A. Burke*  
Signature, typed or printed name of registered agent and title if applicable.

**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY

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, 2002 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 C ☐ Delete  
NAME CURTIS, DOUGLAS  
STREET ADDRESS 1833 MAGNAVOX WAY  
CITY-ST-ZIP FORT WAYNE IN 46804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900008871189  
CITY-ST-ZIP 11/07/02--01062--005 \*\*750.00

TITLE P ☐ Delete  
NAME STONEBURNER, RYAN  
STREET ADDRESS 1833 MAGNAVOX WAY  
CITY-ST-ZIP FORT WAYNE IN 46804

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

TITLE S ☐ Delete  
NAME CURTIS, ROBERT  
STREET ADDRESS 1833 MAGNAVOX WAY  
CITY-ST-ZIP FORT WAYNE IN 46804

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 of Robert Curtis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02

260-936-3878

Date

Daytime Phone #

CR2E034 (4/02)