

2002 UNIFORM BUSINESS REPORT (UBR)

07-01-2002 90310745 ***150.00
F01000004365

DOCUMENT # **F01000004365**

1. Entity Name
ADAPTABLE SYSTEMS CORPORATION

02 JUL 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
600 PINNACLE COURT, SUITE 600 **600 PINNACLE COURT, SUITE 600**
NORCROSS GA 30071 **NORCROSS GA 30071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

4. FEI Number **58-1558652** 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

WALKER, ELLA
3505 FRONTAGE ROAD, SUITE 175
TAMPA FL 33607

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, 2002 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	P BEVERLY, JOSEPH/L 5387 SPALDING MILL PLACE NORCROSS GA 30092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, TOM 3789 HERMITAGE DRIVE DULUTH GA 30096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAMERSCHEN, STEVEN 2200 ASCOTT VALLEY TRACE DULUTH GA 30097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* **58-1558652** **6/26/02**

CR2034 (9/01)



CORPORATE
PAYROLL SERVICES
600 Pinnacle Court
Suite 600
Norcross, GA 30071
(770) 446-7289
www.corpay.com

Attachment
F01000004365
118846

June 26, 2002

Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: F01000004365
\$400 Penalty

Dear Sir or Madam:

We are in receipt of the 2002 Uniform Business Report (UBR). I received this form today and have initiated a manual check for the fee of \$150 to be mailed immediately. I am unaware of how or why this form arrived so very late and ask that you abate the \$400 penalty. Our Florida location is new and we have not been subject to these taxes previously and therefore, were unaware of the pending deadline.

We appreciate your consideration in this matter.

Sincerely,


Brenda Klingensmith
Controller

/bmk