_
Ñ
Ö
õ
¥.
$\overline{}$
젊
Š
ш
$\overline{\mathbf{Q}}$
Υ.
\circ

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # F0200000548				FILED		
1. Entity Nam RESOUR	É CE AMERICAS ENTERPRISE	S, INC.		03 JUN -9 PM 4: 06		
Principal Place of Business 2859 PACES FERRY RD, STE 2000 ATLANTA, GA 30339		Mailing Address 2859 PACES FERRY RD, STE 2000 ATLANTA, GA 30339		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number		
Zip	Country	Zip	Country	Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
1201 HAYS	FION SERVICE COMPANY STREET SEE, FL 32301-2525		Street Addre	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 primed name of eigistered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstaiting) CATE						
After	ILE NOWIII FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	fState		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	Be s	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. David L. Piosser 2869 PACES FERRY RD, STE 20 ATLANTA, GA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Adi	dition	
TITLE NAME STREET ADDRESS CITY-ST-2P	VCD HENDRIX, DANIEL T 2859 PACES FERRY RD, STE 20 ATLANTA, GA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLOCH, RAYMOND S 2859 PACES FERRY RD, STE 20 ATLANTA, GA	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Change Add 	dition	
TITLE NAME STREET ADDRESS CITY-ST-2P	T LYNCH, PATRICK C 2859 PACES FERRY RD, STE 20 ATLANTA, GA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗆 Add	lition .	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 receive for 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:

Patenck C. Lynich



ACCOUNT NO. : 07210000032

REFERENCE

121415

4320229

AUTHORIZATION

\$ 558.75 COST LIMIT :

ORDER DATE: June 6, 2003

ORDER TIME: 10:15 AM

ORDER NO. : 121415-005

CUSTOMER NO: 4320229

CUSTOMER: Kelly A. Howley, Paralegal

Kilpatrick Stockton, Llp

Suite 2800

1100 Peachtree Street Atlanta, GA 30309

ANNUAL REPORT FILING

NAME:

RE:SOURCE AMERICAS ENTERPRISES

INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: