2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # F94000004451 1. Entity Name 05-15-2001 90173 028 ****61.25 AMERICAN CONSUMER ALLIANCE, INC. Principal Place of Business Mailing Address 3025 WINDWARD PLAZA 3025 WINDWARD PLAZA しりりりりうるん SUITE 300 SUITE 300 ALPHARETTA GA 30005 ALPHARETTA GA 30005 2. Principal Place of Business 3. Mailing Address 480 For hess DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3232297 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEASLEY, DEBORAH FET INVES **482 FENTREES BOULEVARD** UNIT G DAYTONA BEACH FL 32114 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Defete TITLE TITLE BEASLEY, DEBORAH NAME NAME STREET ADDRESS 11960 MORNING MIST DRIVE STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 30005 CITY-ST-7IP ☐ Addition □ Change TITLE ☐ Delete TITLE PERKINS, CHERYL NAME NAME 305 TUMBLING CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30005 ☐ Addition rector Change , 🔼 Delete TITLE TITLE Sams Ky Mourd Plaza Ste 300 HANNA, DAVID G NAME NAME 3025 WINDWARD PLAZA, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 30005 (5-/A CITY-ST-ZIP ALPHARETTA GA 30005 ☐ Change Addition TITLE ☐ Delete STIDD, ANDRECO Andrew NAME NAME STREET ADDRESS 3025 WINDWARD PLAZA, STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30005 ■ Addition ☐ Change ☐ Delete TITLE TITLE BURNS, KEVIN NAME NAME 3025 WINDWARD PLAZA, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30005 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

220) 253-3716