

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90219 032 ***150.00

DOCUMENT # F96000005999



1. Entity Name
SERVICE CARE OF AMERICA, INC.

Principal Place of Business
3025 WINDWARD PLZ
STE 300
ALPHARETTA GA 30005

Mailing Address
3025 WINDWARD PLZ
STE 300
ALPHARETTA GA 30005



2. Principal Place of Business

2050 Marconi Dr.

3. Mailing Address

2050 Marconi Dr.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Alpharetta GA

City & State

Alpharetta GA

Zip

30005

Country

USA

Zip

30005

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1732919**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THOMAS, MELODY ANN
7565 OAKWOOD ST.
JACKSONVILLE FL 32208

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 **LONG, JAMES B JR**
STREET ADDRESS **1550 BOOKHOUT DR**
CITY-ST-ZIP **CUMMING GA 30041**

TITLE **ST** ☐ Delete
NAME **LONG, PATRICIA E**
STREET ADDRESS **1550 BOOKHOUT DR**
CITY-ST-ZIP **CUMMING GA 30041**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia E. Long **4/10/03**

Date

Daytime Phone #

628-455-

9009

CR2E034 (10/02)