## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2000 8:00 am Secretary of State DOCUMENT # F9700000624 FRANK E. NATHAN, INC. 04-24-2000 90018 001 \*\*\*150.00 Principal Place of Business Mailing Address 6625 BROOKLINE CT. 6625 BROOKLINE CT. **CUMMING GA 30040-7059** CUMMING GA 30130 838227 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-0730598 Not Applicable Country \$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 HASS, STEVE Street Address (P.O. Box Number is Not Acceptable) 1231 NW 99TH AVE. FT. LAUDERDALE FL 33322 City 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE HARRELL, JIM NAME NAME STREET ADDRESS STREET ADDRESS 6625 BROOKLINE CT. CITY-ST-ZIP CITY-ST-ZIP **CUMMING GA 30130** Change ☐ Addition ST ☐ Delete TITLE HARRELL, JUDY NAME NAME 6625 BROOKLINE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CUMMING GA 30130** ☐ Addition Change ☐ Delete TIT! F HASS, STEVE NAME NAME STREET ADDRESS 1231 NW 99TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33322 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP\* 13. I hereby certify that to information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this growth 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 of 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 at achiment with an address, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 170-887-2927

FILED

Daytime Phone #