

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90010 009 \*\*\*150.00

**DOCUMENT # F98000003762**

1. Entity Name  
UPS PROFESSIONAL SERVICES, INC.



Principal Place of Business  
55 GLENLAKE PARKWAY NE  
ATLANTA, GA 30328

Mailing Address  
55 GLENLAKE PARKWAY NE  
ATLANTA, GA 30328



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-P CR2E034 (10/03)

4. FEI Number  
58-2369773

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME	ASAT AGRESTA, MAURICE M	<input type="checkbox"/> Delete
STREET ADDRESS	55 GLENLAKE PARKWAY NE	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE NAME	P MROZIK, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	55 GLENLAKE PARKWAY NORTHEAST	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE NAME	AS CALVERT, ELIZABETH W	<input type="checkbox"/> Delete
STREET ADDRESS	55 GLENLAKE PARKWAY NE	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE NAME	ATAS PICA, EUGENE A	<input type="checkbox"/> Delete
STREET ADDRESS	55 GLENLAKE PARKWAY NE	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE NAME	DST DAVIS, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	55 GLENLAKE PARKWAY NE	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME	DIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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

1-21-04 (404) 828-6307

Date Daytime Phone #