

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003525

1. Entity Name

PUBLIC RECORDS ONLINE INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90348 016 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1000 ALDERMAN DRIVE~~  
~~ALPHARETTA GA~~

1000 ALDERMAN DRIVE  
 ALPHARETTA GA 30005-4101

2. Principal Place of Business

3. Mailing Address

1970 Barber Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Sarasota, FL

City & State

4. FEI Number

58-2476350

Applied For

Not Applicable

Zip  
 34240

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME SMITH, DEREK V  
 STREET ADDRESS ~~1000 ALDERMAN DRIVE~~  
 CITY-ST-ZIP ALPHARETTA GA ~~30005~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 15120 North Valleyfield Road  
 CITY-ST-ZIP Alpharetta, GA 30004

TITLE EVTD ☐ Delete  
 NAME CURLING, DOUGLAS C  
 STREET ADDRESS ~~1000 ALDERMAN DRIVE~~  
 CITY-ST-ZIP ALPHARETTA GA ~~30005~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 330 Log House Court  
 CITY-ST-ZIP Roswell, GA 30075

TITLE EVS ☐ Delete  
 NAME DE JAMES, J. MICHAEL  
 STREET ADDRESS ~~1000 ALDERMAN DRIVE~~  
 CITY-ST-ZIP ALPHARETTA GA ~~30005~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4588 Holstein Hill  
 CITY-ST-ZIP NORCROSS, GA 30092

TITLE V ☒ Delete  
 NAME LAMBERT, MICHAEL  
 STREET ADDRESS 1000 ALDERMAN DRIVE  
 CITY-ST-ZIP ALPHARETTA GA 30005

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS ☐ Delete  
 NAME YOUNG, MARY M  
 STREET ADDRESS ~~1000 ALDERMAN DRIVE~~  
 CITY-ST-ZIP ALPHARETTA GA ~~30005~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1240 Old Woodbine Road  
 CITY-ST-ZIP Atlanta, GA 30319

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 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

1/28/00  
 Date

770/752-6133  
 Daytime Phone #

CR2E034 (9/99)