

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90147 012 ***150.00

DOCUMENT # F99000006201

1. Entity Name
R.S. ANDREWS OF PALM BEACH, INC.

Principal Place of Business Mailing Address
170 BUSINESS PARK WAY 3510 DEKALB TECHNOLOGY PARKWAY
ROYAL PALM BEACH FL 33411 ATLANTA GA 30340
US

2. Principal Place of Business 3. Mailing Address
6873 Vista Parkway North
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
West Palm Beach, FL
 Zip Country Zip Country
33411 USA

4. FEI Number **58-2497929** Applied For
 Not Applicable
 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
C T CORPORATION SYSTEM Name
1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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	PCD	<input checked="" type="checkbox"/> Delete	TITLE	CEO & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, R. STEPHEN		NAME	Frank M. Chamberlain	
STREET ADDRESS	3510 DEKALB TECHNOLOGY PARKWAY		STREET ADDRESS	3510 DeKalb Technology Pkwy	
CITY-ST-ZIP	ATLANTA GA 30340		CITY-ST-ZIP	Atlanta, GA 30340	
TITLE	COO	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, JAMES J		NAME	Charles L. Cansler	
STREET ADDRESS	3510 DEKALB TECHNOLOGY PARKWAY		STREET ADDRESS	3510 DeKalb Technology Pkwy	
CITY-ST-ZIP	ATLANTA GA 30340		CITY-ST-ZIP	Atlanta, GA 30340	
TITLE	SCLO	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAMONTE, JAMES A		NAME	John J. DeStefano	
STREET ADDRESS	3510 DEKALB TECHNOLOGY PARKWAY		STREET ADDRESS	1201 Walnut Street	
CITY-ST-ZIP	ATLANTA GA 30340		CITY-ST-ZIP	Kansas City, MO 64106	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: James A. Tramonte 770-454-4629
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)