2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900006302

1. Entity Name

R.S. ANDREWS OF STUART II, INC.

FILED Apr 04, 2000 8:00 am Secretary of State

04-04-2000 90073 001 ***300.00

Principal Place of Business			Mailing Address								
3510 DEKALB TECHNOLOGY PARKWAY ATLANTA GA 30340			3510 DEKALB TECHNOLOGY PARKWAY ATLANTA GA 30340				12900				
								18 00 1300 11 00	DINE IIII 11		
2. Principal Place of Business 3000 S.E. Waaler Street			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Stuart, Florida			City & State			4. F 58-	4. FEI Number S8~2505563 APPLIED FOR Applied For Not Applicable				
Zip 34997	Country USA		Zip Coun			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
-	6. Name and Address of Curren	t Registe	red Agent			7. N	lame and Address of New F	legistered A	ent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					treet Add	dress (P.O. Bo	ox Number is Not Acceptable	e)			
,					ity			FL	Zip Cod	le l	
									<u> </u>		
8. The above	named entity submits this statement	for the pu	rpose of changing its	registered o	ffice or re	egistered age	ent, or both, in the State of Fi	orida.			
)	
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if a	pplicable. (NOTE	E: Registered Age	ent signature	required when re-	instating)	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 S After MAY 1, 2000 Fee will Make Check Payable to Depar			00.00	10. Election Campaign Fi Trust Fund Contribution	~ ~		00 May Be d to Fees	
11.	OFFICERS AN	D DIRECT	ORS	12.			DITIONS/CHANGES TO OFF				
TITLE	PCD Delete TITI					Secretary/CLO Change XX Addition					
NAME	ANDREWS, R. STEPHEN	_ 					ames A. Tramonte				
STREET ADDRESS 3510 DEKALB TECHNOLOGY PAR						, , , , , , , , , , , , , , , , , , , ,					
CITY-ST-ZIP	ATLANTA GA 30340			CITY-ST-	ZIP	Atlanta	a, GA 30340				
TITLE	C00		☐ Delete	TITLE					☐ Change	Addition	
NAME	HAMILTON, JAMES J	D A DIVIA/A	v	NAME STREET A	ODBESS						
STREET ADDRESS 3510 DEKALB TECHNOLOGY PAR ATLANTA GA 30340				CITY-ST-							
	ST ST		XX Delete	TITLE					Change	Addition	
TITLE NAME	SMELAS, C. ROBERT		1=3=Delete	NAME							
STREET ADDRESS	3510 DEKALB TECHNOLOGY	PARKWA	Υ	STREET A	DDRESS						
CITY-ST-ZIP	ATLANTA GA 30340			CITY-ST-	ZIP						
TITLE			☐ Delete	TITLE	$-\uparrow$				☐ Change	☐ Addition	
NAME				NAME	ľ					J	
STREET ADDRESS				STREET A	- 1					Į.	
CITY-ST-ZIP				CITY-ST-	ZIP						
TITLE			☐ Delete	TITLE	,				☐ Change	☐ Addition	
NAME				NAME							
STREET ADDRESS				STREET A						Į	
CITY-ST-ZIP				CITY-ST-	LIF				Change		
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME				NAME STREET A	DDBESS					j	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-							
VIII-OI-EIF	<u> </u>				<u>-</u> -	dia Conti	119 07/31/i) Florida Statutes	I further cost	fy that the	information	

13. Thereby 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:

70-454-4629 3/27/00