

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35393

1. Entity Name

PURITAN BUDGET PLAN, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90096 036 ***150.00

Principal Place of Business

Mailing Address

2635 CENTURY PKWY., SUITE 420
P.O. BOX 49729
ATLANTA GA 30359

2635 CENTURY PKWY., SUITE 420
P.O. BOX 49729
ATLANTA GA 30359-2729

2. Principal Place of Business

3. Mailing Address

3039 Premier Pkwy.

3039 Premier Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Duluth, GA

Duluth, GA

Zip

Country

Zip

Country

30097

Gwinett

30097

Gwinett

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIDSKY, CARLOS
145 EAST 49TH STREET
HIALEAH FL 33013

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 **P** ☐ Delete
NAME **JAMIESON, RUSSELL**
STREET ADDRESS **72 S ORLANDO AVENUE**
CITY-ST-ZIP **COCOA BEACH FL**

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

TITLE **VP** ☐ Delete
NAME **JAMIESON, RUSSELL**
STREET ADDRESS **72 S ORLANDO AVE**
CITY-ST-ZIP **COCOA BEACH FL**

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

TITLE **ST** ☐ Delete
NAME **JAMIESON, RUSSELL**
STREET ADDRESS **72 S ORLANDO AVE**
CITY-ST-ZIP **COCOA BEACH FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)