

DOCUMENT # J65776

1. Entity Name
AMERICA'S CALL CENTER, INC.

Principal Place of Business Mailing Address
% C. RICHARD EMBERSON % C. RICHARD EMBERSON
7901 BAYMEADOWS WAY, STE 14 7901 BAYMEADOWS WAY, STE 14
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
EMBERSON, C. RICHARD
7901 BAYMEADOWS WAY
SUITE 14
JACKSONVILLE FL 32216

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.

SIGNATURE _____ (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, 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		
TITLE	PST	<input type="checkbox"/> Delete
NAME	EMBERSON, C. RICHARD	
STREET ADDRESS	7901 BAYMEADOWS WAY #14	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EMBERSON, NANCY S.	
STREET ADDRESS	7901 BAYMEADOWS WAY #14	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> Delete
NAME	EMBERSON, DAVID R	
STREET ADDRESS	7901 BAYMEADOWS WAY STE 14	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EMBERSON, HARRY C	
STREET ADDRESS	7901 BAYMEADOWS WAY STE 14	
CITY-ST-ZIP	JACKSONVILLE F	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIDENHOUR, ALISON E	
STREET ADDRESS	7901 BAYMEADOWS WAY STE 14	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy S. Emberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY S. EMBERSON

1/9/01 (904) 224-2000
Date Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90049 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2798244** Applied For ☐ Not Applicable ☐

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

CR2E034 (10/00)