

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90307 034 ****61.25

A0061866

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

DOCUMENT # N93000005613
 1. Entity Name
SOUTHERN ASSOCIATION OF CERTIFIED
VOICE STRESS ANALYSTS, INC.

N/C *05/11/2001*
(TIC)

Principal Place of Business
P.O. Box 435
WINDERMERE, FL. 34786
US

Mailing Address
P.O. Box 435
WINDERMERE FL. 34786
US

2. Principal Place of Business
P.O. Box 435
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 435
 Suite, Apt. #, etc.

City & State
WINDERMERE FLORIDA

City & State
WINDERMERE FLORIDA

Zip
34786

Country
US

Zip
34786

Country
US

4. FEI Number
59-3217459

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEACOCK, STEVE
1700 W. LEONARD STREET
PENSACOLA FL. 32503

7. Name and Address of New Registered Agent

Name
JOHNSON, Richard

Street Address (P.O. Box Number Not Acceptable)
2400 W. 33RD STREET

City
ORLANDO

FL Zip Code
32809

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 Richard Johnson *Richard Johnson* 04-23-01
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>SCOTT, HERBERT</u> <u>P.O. Box 2</u> <u>Waverly, GA 31565</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>MCCRAY, HUGH</u> <u>3421 HIGHWAY 77</u> <u>PANAMA CITY, FL 32405</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>YUHASZ, TRACY</u> <u>1700 W. LEONARD STREET</u> <u>PENSACOLA FL 32501</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>HURST, ROBERT</u> <u>711 N. HAYNE STREET</u> <u>PENSACOLA, FL. 32501</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JAMES, CARL</u> <u>804 GROVE AVENUE</u> <u>WAYCROSS, GA.</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>VECKER, PAUL</u> <u>3421 HIGHWAY 77</u> <u>PANAMA CITY FL. 32405</u>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>JOHNSON, Richard</u> <u>2400 W. 33RD STREET</u> <u>ORLANDO FL. 32809</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>WHITE, CHARLES</u> <u>2400 W. 33RD STREET</u> <u>ORLANDO, FL. 32809</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Johnson *Richard Johnson* 4/23/01 407-836-3772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #