## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N93000005613

FILED Apr 11, 2002 8:00 AM Secretary of State

Entity Name: SOUTHERN ASSOCIATION OF CERTIFIED VOICE STRESS ANALYSTS, INC.

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 435 WINDERMERE, FL 34786 US **Current Mailing Address: New Mailing Address:** PO BOX 435 WINDERMERE, FL 34786 US FEI Number: 59-3217459 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, RICHARD 2400 W. 33ND STREET ORLANDO, FL 32809 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition JOHNSON, RICHARD BRICK, MICHAEL D Name: Name: 2400 W. 33RD STREET Address: 1776 INDEPENDENCE LANE Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: MAITLAND, FL 32751 Title: ( ) Delete Title: (X) Change ( ) Addition MCCRAY, HUGH Name: JOHNSON, RICHARD Name: Address: 3421 HIGHWAY 77 Address: 2400 W. 33RD STREET City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: ORLANDO, FL 32809 Title: () Delete Title: (X) Change ( ) Addition WHITE, CHARLES DIAZ, PASQUALE Name: Name: Address: 2400 W. 33RD STREET Address: 9105 N.W. 25TH STREET City-St-Zip: ORLANDO, FL 32807 City-St-Zip: MIAMI, FL 33172 Title: (X) Delete Title: () Change () Addition Name: HURST, ROBERT Name: 711 NORTH HAYNE STREET Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: (X) Delete Title: () Change () Addition JAMES, CARL Name: Name: 804 GROVE AVENUE Address: Address: City-St-Zip: WAYCROSS, GA 31501 City-St-Zip: Title: (X) Delete Title: () Change () Addition VECKER, PAUL Name: Name: Address: 3421 HIGHWAY 77 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHAEL D. BRICK PRES 04/11/2002

PANAMA CITY, FL 32405

City-St-Zip: