

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90031 048 \*\*\*150.00

**DOCUMENT # P01000065056**

**1. Entity Name**  
**GROUP 2000 FLORIDA, INC.**

**Principal Place of Business**      **Mailing Address**  
**3001 N. ROCKY POINT DR. E. STE. 200**      **3001 N. ROCKY POINT DR. E. STE. 200**  
**TAMPA FL 33607**      **TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

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

*200 Clinton Ave W*  
*Suite 103*  
*Huntsville, AL*  
*35801*      *U.S.*

**4. FEI Number**      **Applied For**  
*59-3729716*      ☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

**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**      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, 2002 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		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>HADEN, RUSSELL</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>13016 CAMELOT DR.</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>HUNTSVILLE AL 35803</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>DOHERTY, STEVE</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>1231 ROXMERE RD.</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33629</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>PERKINS, DON</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>206 SERENCE CT.</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>CARY NC 27511</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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 REQUIRED**      *1-30-02*      *256-536-2000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)