

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90152 028 ***550.00

DOCUMENT # P01000105356

1. Entity Name
HAC OF FLORIDA, INC.

Principal Place of Business

2 METROPLEX DRIVE
SUITE 220
BIRMINGHAM AL 35029 35209

Mailing Address

2 METROPLEX DRIVE
SUITE 220
BIRMINGHAM AL 35029 35209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 Metroplex Drive

Suite, Apt. #, etc.
Suite 220

City & State
Birmingham AL

Zip
35209

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ **Delete**
NAME **W. TODD CARLISLE**
STREET ADDRESS **2 METROPLEX DRIVE #220**
CITY-ST-ZIP **BIRMINGHAM AL 35029 35209**

TITLE **D** ☐ **Delete**
NAME **DUKE, KEITH D**
STREET ADDRESS **2 METROPLEX DRIVE #220**
CITY-ST-ZIP **BIRMINGHAM AL 35029 35209**

TITLE **D** ☐ **Delete**
NAME **J. FORREST COLLIER**
STREET ADDRESS **2 METROPLEX DRIVE #220**
CITY-ST-ZIP **BIRMINGHAM AL 35029 35209**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☐ **Change** ☒ **Addition**
NAME **W. Todd Carlisle**
STREET ADDRESS **2 Metroplex Dr. # 220**
CITY-ST-ZIP **Birmingham, AL 35209**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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:

W. Todd Carlisle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-02 205 2634400

Date

Daytime Phone #

CR2E034 (4/02)