

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-22-2002 90112 048 ****70.00

DOCUMENT # **P18349**

1. Entity Name
NATIONAL ASSISTANCE BUREAU, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10800 Alpharetta Hwy		3. Mailing Address 10800 Alpharetta Hwy	
Suite, Apt. #, etc. Suite 208, #665		Suite, Apt. #, etc. Suite 208, #665	
City & State Roswell, GA		City & State Roswell, GA	
Zip 30076	Country USA	Zip 30076	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1534209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd	
City Plantation	Zip Code FL 33324

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

**FEE IS \$81.25
Initial or Amended UBR**

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 PRESIDENT	NAME William R. Hill
STREET ADDRESS 3138 Verdun Drive NW	
CITY-ST-ZIP Atlanta, GA 30305	
TITLE Secretary	NAME Kathy Pifer
STREET ADDRESS 4586 Hwy 59	
CITY-ST-ZIP Lavonia, GA 30553	
TITLE Director	NAME Gina P. Nortell
STREET ADDRESS 3688 Cloudland Drive	
CITY-ST-ZIP Atlanta GA 30327	
TITLE Director	NAME Julian Daley
STREET ADDRESS 6085 Lake Forest Drive #100	
CITY-ST-ZIP Atlanta, GA 30328	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathy Pifer** **Kathy Pifer** **4-9-02** **770-650-7086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)