

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90119 032 \*\*\*150.00

**DOCUMENT # P22388**

1. Entity Name  
**IDN-ARMSTRONG'S, INC.**

Principal Place of Business  
**1440 DUTCH VALLEY PLACE. NE**  
**ATLANTA GA 30324**

Mailing Address  
**1440 DUTCH VALLEY PLACE. NE**  
**ATLANTA GA 30324**

**00023070**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3589 Broad Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**3589 Broad Street**  
Suite, Apt. #, etc.

City & State  
**Chamblee, GA 30341**  
Zip Country  
**USA**

City & State  
**Chamblee, GA**  
Zip Country  
**30341 USA**

4. FEI Number **59-1087483**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BICKEL, JEFFREY O IDN-ARM**  
**SUITE 8406-H, BENJAMIN RD**  
**TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name  
**-CT-Corporation-System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
City  
**Plantation** **FL** Zip Code  
**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 **JENNIFER PAULMAN**  
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLINS, WADE V 8015 WALLACE TATUM RD CUMMING GA 30130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MULLINS, DELNO V 3424 N SHARON CHURCH RD LOGANVILLE GA 30052	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John M. Burke 3589 Broad St. Chamblee, GA 30341	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary F. Michael Groover 2401 Mustang Dr. Ste 100 Grapevine, TX 76051	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)