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2002 Uniform Business Report (UBR)

Mar 25, 2002 8:00 am § DOCUMENT # P28747 **Secretary of State** 03-25-2002 90175 029 ***150.00 CARLSON IMPLEMENTATION ASSOCIATES, INC. Principal Place of Business Mailing Address LICORDON 17210 CAMPBELL ROAD 17210 CAMPBELL ROAD SUITE 260 SUITE 260 DALLAS TX 75252 DALLAS TX 75252 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2263398 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. . DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. Sugar Service Burger To TO MOFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)TITLE ☐ Delete Change ☐ Addition VM NAME JOHNSON, WILLIAM R NAME CR2E034 STREET ADDRESS STREET ADDRESS 17210 CAMPBELL ROAD, #260 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75252 TITLE □ Delete TITLE ☐ Change ☐ Addition **VPD** NAME NAME HUNTER, DANIEL STREET ADDRESS STREET ADDRESS 17210 CAMPBELL ROAD, 260 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75252 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ROSEN, MICHAEL STREET ADDRESS STREET ADDRESS 17210 CAMPBELL ROAD, 260 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75252 TITLE ☐ Delete TITLE Change ☐ Addition: NAME NAME FRASER, WILLIAM B STREET ADDRESS STREET ADORESS 17210 CAMPBELL ROAD, 260 CITY-ST-ZIP CITY-ST-ZIE DALLAS TX 75252 ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.