

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90012 011 ***550.00

0136634 AT

DOCUMENT # P38937

1. Entity Name
IMS-NET OF CENTRAL FLORIDA, INC.

Principal Place of Business

**15000 WEST 6TH AVE., STE. 400
 GOLDEN CO 80401
 US**

Mailing Address

**15000 WEST 6TH AVE., STE. 400
 GOLDEN CO 80401
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1175 Peachtree Street
 Suite, Apt. #, etc.
 100 Colony Square, Suite 2400**

3. Mailing Address

**1175 Peachtree Street
 Suite, Apt. #, etc.
 100 Colony Square, Suite 2400**

**City & State
 Atlanta, GA**

**City & State
 Atlanta, GA**

4. FEI Number 84-1199836

**Applied For
 Not Applicable**

**Zip Country
 30361 U.S.A.**

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 30361 U.S.A.**

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 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 \$550.00
 After September 12, 2001 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	P/D	<input checked="" type="checkbox"/> Delete
NAME	HAUPT, WILLIAM	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMELTZ, RICHARD	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, DESMOND	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAW, TERRY	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOLLURI, KRISHNA S	
STREET ADDRESS	15000 W 6TH AVE STE 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas P. Apker	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick D. Solano	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirk G. Layman	
STREET ADDRESS	669 River Drive, Center 2	
CITY-ST-ZIP	Elmwood Park, NJ 07407	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Lemens	
STREET ADDRESS	1175 Peachtree Str, 100 Colony Square, STE 2400	
CITY-ST-ZIP	Atlanta, GA 30361	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/2001

(201) 703-3400

Date

Daytime Phone #

CR2E034 (5/01)