

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90126 017 ***150.00

0626130
AT

DOCUMENT # P38937

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



Principal Place of Business
**1175 PEACHTREE STREET
100 COLONY SQUARE STE 2400
ATLANTA GA 30361
US**

Mailing Address
**1175 PEACHTREE STREET
100 COLONY SQUARE STE 2400
ATLANTA GA 30361
US**

2. Principal Place of Business

3. Mailing Address

669 River Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Center Two

City & State

City & State

Elmwood Park, NJ

Zip

Country

Zip

Country

07407

U.S.A.

4. FEI Number **84-1199836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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: 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ Delete
NAME **APKER, THOMAS P**
STREET ADDRESS **669 RIVER DRIVE CENTER 2**
CITY-ST-ZIP **ELMWOOD PARK NJ 07407**

TITLE **VD** ☐ Delete
NAME **SOLANO, RICK D**
STREET ADDRESS **669 RIVER DRIVE CENTER 2**
CITY-ST-ZIP **ELMWOOD PARK NJ 07407**

TITLE **TD** ☐ Delete
NAME **LAYMAN, KIRK G**
STREET ADDRESS **669 RIVER DRIVE CENTER 2**
CITY-ST-ZIP **ELMWOOD PARK NJ 07407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Kirk G. Layman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

(201) 703-3400

Daytime Phone #

CR2E034 (10/02)