2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90146 048 ***150.00

DOCUMENT # P93000079862

1. Entity Name

CASE MASTERS, INC.

Principal Place of Business	Mailing Address
6525 THE CORNERS PKWY STE 303 NORCROSS GA 30092 US	6525 THE CORNERS PKWY STE 303 NORCROSS GA 30092-3351 US

839904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4030 Arkenfield Circle	P.O. Box 921091
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Norcross GA	City & State: Norcross GA
Zip: 30092 Country:	Zip: 30010 Country:

4. FEI Number 58-2078851 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROAD & CASSELL 390 NORTH ORANGE AVENUE, STE 1100 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SPECTOR, JEFFREY M 3257 POMARINE LANE NORCROSS GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/S/O SPECTOR, JEFFREY M. 4030 ARKENFIELD CIRCLE NORCROSS GA 30092	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT THIGPEN, MICHAEL W 3350 WATER MILL DR ALPHARETTA GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPECTOR, KAREN 3257 POMARINE LANE NORCROSS GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Mike Thigpen 3/13/00 770-441-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JEFFREY M. SPECTOR 4/24/00 770-441-3302