FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # **P97000074025** 1. Entity Name AUDIT AMERICA, INC. 04-04-2001 90091 002 ***150.00 Principal Place of Business Mailing Address 2811 NORTHWEST 41ST STREET 2811 NORTHWEST 41ST STREET BUILDING C BUILDING C GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address 11801 Research Drive 11801 Research Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3520996 Alachua, FL Alachua, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32615 Fee Required <u> 32615</u> USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name $\mathtt{SAME} \ __ \ _$ THOMPSON, DOUGLAS H JR. Street Address (P.O. Box Number is Not Acceptable) 2811 NORTHWEST 41ST STREET 11801 Research Drive **BUILDING C** GAINESVILLE FL 32606 City Zip Code Alachua 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition y Change TITLE Delete TITI F SAME THOMPSON, DOUGLAS H JR. NAME MAME 11801 Research Drive STREET ADDRESS STREET ADDRESS 2416 NORTHWEST 23RD TERRACE CITY-ST-ZIP Alachua, FL 32615 CITY-ST-ZIP **GAINESVILLE FL 32605** ☐ Addition 🙀 Change TITLE Delete TITLE SAME THOMPSON, WILLIAM W NAME NAME STREET ADDRESS 11801 Research Drive STREET ADDRESS 4320 NORTHWEST 69TH STREET CITY-ST-7IP CITY-ST-ZIP Alachua, FL 32615 GAINESVILLE FL 32606 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE [.] Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

march 20, 2001 (386)418-400