

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90108 001 ***558.75

DOCUMENT # P99000003021

1. Entity Name
SECURE CARE SYSTEMS OF GEORGIA, INC.

Principal Place of Business

**104 SYCAMORE CROSSING
 SAVANNAH GA 31410
 US**

Mailing Address

**12767 CATTAIL POND CIRCLE SOUTH
 JACKSONVILLE FL 32205**

2. Principal Place of Business

4745 SUTTON PARK PLACE

Suite, Apt. #, etc.

Suite 601

City & State

JACKSONVILLE, FL

Zip

32224

Country

US

3. Mailing Address

4745 SUTTON PARK PLACE

Suite, Apt. #, etc.

Suite 601

City & State

JACKSONVILLE, FL

Zip

32224

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3556404

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WEDEL, TIM

**12767 CATTAIL POND CIRCLE SOUTH
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name **JAY WATSON**

Street Address (P.O. Box Number is Not Acceptable)

6440 SOUTH POINT PARKWAY, Suite 180

City **JACKSONVILLE**

FL

Zip Code **32216**

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]
 Signature, word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-13-02

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 13, 2002 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 **D** ☐ Delete
 NAME **WEDEL, TIM**
 STREET ADDRESS **12767 CATTAIL POND CIRCLE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P (PRESIDENT)** ☒ Change ☐ Addition
 NAME **WEDEL, TIM**
 STREET ADDRESS **12767 CATTAIL POND CIRCLE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **V** ☐ Change ☒ Addition
 NAME **FLUHR, ROBERT F.**
 STREET ADDRESS **501 TUPELO TRACE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

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

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

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

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

Daytime Phone #

CR2E034 (4/02)