

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90674 003 ***150.00

DOCUMENT # S41683

1. Entity Name

AURORA U.S.A., INC.

Principal Place of Business

Mailing Address

**10903 ALPHARETTA HWY
 ROSWELL GA 30076
 US**

**10903 ALPHARETTA HWY
 ROSWELL GA 30076
 US**

2. Principal Place of Business

205 Colony Center DR.

3. Mailing Address

205 Colony Center DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Woodstock GA

City & State

Woodstock GA

Zip

30188

Country

Cherokee

Zip

30188

Country

Cherokee

4. FEI Number

59-3063686

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

**CRONIN, JOHN H JR
 2560 GULF TO BAY BLVD
 SUITE 200
 CLEARWATER FL 34625**

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 \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **VINTGES, JOHN**
 STREET ADDRESS **205 COLONY CENTER DRIVE**
 CITY-ST-ZIP **WOODSTOCK GA 30188**

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

TITLE **VP** ☐ Delete
 NAME **VINTGESS, KAREN**
 STREET ADDRESS **205 COLONY CENTER DRIVE**
 CITY-ST-ZIP **WOODSTOCK GA 30188**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

JOHN VINTGES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 17, 2002 770-591-1194

Date

Daytime Phone #

0633414 SP

CR2E034 (9/01)