

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002751

Entity Name: EBOARD SOLUTIONS, INC.

Current Principal Place of Business:

5120 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30043

Current Mailing Address:

5120 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30043 US

FEI Number: 51-0619059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name WILSON, VALARIE
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title PRESIDENT
Name WILSON, VALARIE
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name WILLIS, MARK
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title SECRETARY
Name WILLIS, MARK
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title TREASURER
Name WILLIS, MARK
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name MCCARGO, BILL
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name KELLEY, JAMES
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name MITCHEL, BAILEY
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK WILLIS

TREASURER

03/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TURPIN, AARON
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name HENDERSON-BAKER, SHAKILA
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name PRICE, NORIS
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name MCCARGO, BILL
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043