## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## M45684 **DOCUMENT #**



## **FILED** Feb 24, 2003 8:00 am Secretary of State

IFG NET	CURITIES, INC.				02-24-2003 90194 001 ***150.00				
Principal Place of Business 3424 PEACHTREE RD NE 1900 MONARCH TOWER ATLANTA GA 30326 US			Mailing Address PO BOX 190150 ATLANTA GA 31119-150 US						
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State		<del></del> -	3972703230		applied For	
Zip		Country	Zìp	Country		5. Certificate of Status Desired	\$8.75 Ac	iditional	
	6. Name a	nd Address of Curren	t Registered Agent	<u> </u>		7. Name and Address of New Registered Agent			
		3 2 2-0 12 1		Name	,		Siciou Agent		
C T COF 8751 WE	BLVD.			Street Address (P.O. Box Number is Not Acceptable)					
FLANIAI	TION FL 33324	•		City			Zip Coo	10	
the obliga	ve named entity s ations of register	submits this statement f	for the purpose of changing its	s registered office	or registere	ed agent, or both, in the State of Florida	a. I am familiar with	and accept	
mo oblige	atteria or register	co agent.							
SIGNATURE		printed name of registered agen	t and title if applicable. (NO	E: Registered Agent sign	nature required v	when reinstating)	DATE	<del></del>	
	FILE NOW!!!	FEE IS \$150.00				<del></del>		<del></del>	
		Fee will be \$550.00	1			9. Election Campaign Finance	ina <b>\$5</b> (	<b>)0</b> May Be	
		Florida Department				Trust Fund Contribution.		d to Fees	
10.		OFFICERS AND				ADDITIONS ASSESSED TO THE PROPERTY OF THE PROP			
TITLE	IPD .	OFFICENS AND		11.	<del></del> -	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
NAME		DREDT MACK	☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS	CONLEY, ROBERT JACK 3424 PEACHTREE RD NE, 1900 MONA		MONAPOLI TOMED	NAME					
CITY-ST-ZIP	ATLANTA G	1 20226	WONARCH TOWER	STREET ADDRESS	•				
		1 00020	<del></del>	CITY-ST-ZIP					
TITLE	DSV	D4100 11	☐ Delete	TITLE	DV		Change	☐ Addition	
NAME	LEDBETTER,			NAME		l Ledbetter		[ '	
STREET ADDRESS				STREET ADDRESS	SS 3424 Peachtree Rd NE, 1900 Monarch Tower			Tower	
CITY-ST-ZIP	ATLANTA GA	1 30326		CITY-ST-ZIP	Atlar				
-TITLE		~=				ita, GA 30326			
NAME	GUZMAN, B		Delete		+SV≒=	nta, GA 30326	El:Change	X Addition	
STREET ADDRESS	13434 DEACH		•	NAME	1		E:Ghange	★ Addition	
CITY-ST-ZIP	STET LACI	TREE RD NE, 1900	MONARCH TOWER		Richa	ard Dunstan	:Change	X Addition	
TITLE	ATLANTA GA	TREE RD NE, 1900 30326	•	NAME	Richa 1290	ard Dunstan Broadway	≟:Change	Addition .	
NAME	V ATLANTA GA	30326	•	NAME STREET ADDRESS	Richa 1290 Denve	ard Dunstan			
	V BLACK, GLE	NN	MONARCH TOWER	NAME STREET ADDRESS CITY-ST-ZIP	Richa 1290 Denve CCO	ard Dunstan Broadway er, CO 80203	☐: Change	★ Addition     ★ Addition	
STREET ADDRESS	ATLANTA GA V BLACK, GLE 5780 POWER	NN RS FERRY RD	MONARCH TOWER	NAME STREET ADDRESS CITY-ST-ZIP TITLE	Richa 1290 Denva CCO Dougl	ard Dunstan Broadway Pr, CO 80203  as Temple-Trujillo			
STREET ADDRESS	V BLACK, GLE	NN RS FERRY RD	MONARCH TOWER	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Richa 1290 Denva CCO Dougl 1290	ard Dunstan Broadway Ar, CO 80203  as Temple-Trujillo Broadway			
STREET ADORESS CITY-ST-ZIP	ATLANTA GA V BLACK, GLE 5780 POWER ATLANTA GA V	NN RS FERRY RD 30327	MONARCH TOWER	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Richa 1290 Denva CCO Dougl 1290	ard Dunstan Broadway Pr, CO 80203  as Temple-Trujillo	☐ Change	<b>☑</b> Addition	
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I nereby 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 of visites impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addisse, with all other like empowered.

**SIGNATURE:** 

NEW WIT Kickan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

303-446-840