

**2001 UNIFORM BUSINESS REPORT (UBR)**

C0049866

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> 393088					
1. Entity Name KAUFFS OF PALM BEACH, INC.					
Principal Place of Business 7704 Basswood Drive Chattanooga, TN 37416			Mailing Address 7704 Basswood Drive Chattanooga, TN 37416		
2. Principal Place of Business 8503 Hilltop Drive Suite, Apt. #, etc.		3. Mailing Address 8503 Hilltop Drive Suite, Apt. #, etc.			
City & State Ooltewah, TN		City & State Ooltewah, TN		4. FEI Number 59-1371159	
Zip 37363		Country Hamilton		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$650.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jeffrey I. Badgley		NAME		
STREET ADDRESS	8503 Hilltop Drive		STREET ADDRESS		
CITY-ST-ZIP	Ooltewah, TN 37363		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ted Durig		NAME		
STREET ADDRESS	1440 53rd Street		STREET ADDRESS		
CITY-ST-ZIP	Magonia Park, FL 33407		CITY-ST-ZIP		
TITLE	VP/S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	John Maynard		NAME		
STREET ADDRESS	8503 Hilltop Drive		STREET ADDRESS		
CITY-ST-ZIP	Ooltewah, TN 37363		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	William Beckley		NAME		
STREET ADDRESS	8503 Hilltop Drive		STREET ADDRESS		
CITY-ST-ZIP	Ooltewah, TN 37363		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			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.					
<b>SIGNATURE:</b>		John Maynard		4-16-01	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (11/00)