## FILED Apr 19, 2001 8:00 am Secretary of State

## 2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address   Mailing Ad	DOCUM	ENT# 393088	,			04-19-20	001 903	328 035	***150.0
7704 Basswood Drive Chattanooga, 'TN 37416  Convolution of the conv	i. Entity Name	•			(				
SSOS HILLTOP Drive  SSIGN APER 6 etc.  CONDYWRITENTHS SPACE  SSIGN APER 6 etc.  COLEWAN, TN  COLEWAN, TN  S9-13731359  Ramilton  S. Reman and Address of Current Registered Agent  COrporation Service Company 1201 Rays Street  Tallahassee, FL 32301  Street Address of Current Registered Agent  Corporation is eligible to sately its triangles  Street Address of Current Registered Agent  Corporation is eligible to sately its triangles  Street Address of Current Registered Agent  Corporation is eligible to sately its triangles  Street Address of Current Registered Agent  Corporation is eligible to sately its triangles  Street Address of Current Registered Agent  Corporation is eligible to sately its triangles  Street Address of Current Registered Agent  FLE NOWIN FEE IS 310.00  STREET AGENT AGE  System India society of the Current Registered Agent of the Corporation is eligible to sately its triangles  STREET AGENT AGE  System India society of the Current Registered Agent of the Corporation is eligible to sately its triangles  STREET AGENT A	7704 Bas	swood Drive	7704 Basswood			Co	0498	66	
Country   Zip   373.63   Country   273.63   Country   373.63   Count	8503 Hil	ltop Drive	8503 Hilltop Drive			DO NOT WRITE IN THIS SPACE			
Secreticate of Sinus Desired   Fee Required   Fee	Ooltewah	·	Ooltewah, TN					Not	Applicable
Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent		, ·				5. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	37303		<u> </u>	1 1201113	110011	7. Name and Address of New Reg			
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature to the property of the company of the Apolicians.  BOT: Registered agent, or both, in the State of Florida.  SIGNATURE  Signature to the property of the company of the Apolicians.  BOT: Registered agent, or both, in the State of Florida.  SIGNATURE  Signature to the property of the Apolicians.  BOT: Registered agent, or both, in the State of Florida.  SIGNATURE  Signature to the Signature to the Signature to the Apolicians.  BOT: Registered agent, or both, in the State of Florida.  SIGNATURE  Signature to the Signature to	Cornorat	ion Commission Commission			Name				
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   Injection prefet name of registered agent and the flappicable.   (MOTE Registered Agent agreed where remarked)   CAME	1201 Hays Street				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE  Synthetic hybrid or pertice name of negitimod agent and life if applicable.  9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so.					City		FL	Zip Code	1
Systems. Hyperian preter arease of engotized agent and the flapticus. (APTE Registers Appeal synthetic Park (Park Appeal of Park Appeal of Pa		amed entity submits this statement fo	r the purpose of changing it	s registere	ed office or regist	ered agent, or both, in the State of Florid	la.		
Tax ting requirement and elects to do so (See criteria on back)    See Criteria on back)   See Criteria on back   See Criteria on back)   See Criteria on back   See Criteria o	SIGNATURE	ignature, lyped or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature requi	red when reinstaling)	DATE		
TITLE D_Jeffrey I. Badgley	Tax filing re	quirement and elects to do so.	After MAY 1, 2	001 Fee	will be \$550.00	Trust Fund Contribution.			
NAME STREET ADDRESS OCH STREET A	11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	IN 11
TITLE P	NAME STREET ADDRESS	Jeffrey I. Badgley 8503 Hilltop Drive	☐ Delete	NAM STRE	E ET ADDRESS			☐ Change	■ Addition
CITY-ST-ZIP Magonia Park, FL 33407  TITLE VP/S/T Delete TITLE NAME John Maynord STREET ADDRESS COLLEWAH, TN 37363  TITLE AS DELETE ADDRESS STREET ADDRESS CITY-ST-ZIP OLITER OCLEWAH, TN 37363  TITLE NAME William Beckley STREET ADDRESS CITY-ST-ZIP COLLEWAH, TN 37363  TITLE NAME STREET ADDRESS COLLEWAH, TN 37363  CITY-ST-ZIP OLITER OCLEWAH, TN 37363  CITY-ST-ZIP COLLEWAH, TN 37363	TITLE	P	☐ Delete	וודנו	E			☐ Change	Addition
MME STREET ADDRESS CITY-ST-ZIP OOLTEWAIN, TIN 37363 CITY-ST-ZIP TITLE AS WILLIAM Beckley STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-	CITY-ST-ZIP	Magonia Park, FL 334		СНҮ	- ST- ZIP			Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP	NAME STREET ADDRESS	John Maynord 8503 Hilltop Drive	∟i Delete	nam Stri	NE EET ADDRESS			change	Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO belete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filting 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 ready of 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.	NAME STREET ADDRESS	William Beckley 8503 Hilltop Drive	☐ Delele	NAM STR	AE EET ADDRESS			Change	☐ Addition
TITLE  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 needed 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.	TITLE NAME STHEET ADDRESS		☐ Delete	NAM Str	ME LEEY ADDRESS			Change	Addition
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SIGNATURE: John Maynord 4/16/01	13. I hereby of indicated of the corchanged,	pertify that the information supplied with on this report or supplemental report poration or the receiver or trustee emor on an attachment with an address	$\nu$		emption stated in ature shall have t uired by Chapter		further cer ath; that I a appears is	tify that the i am an office n Block 11 o	nformation or director r Block 12 if
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayburn Phone #	SIGNAT	URE: John 10 W	1			4-16-01			