

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854946

1. Entity Name

ENTECH ENGINEERING, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90089 002 ****61.25

Principal Place of Business

3401 W END AVE
S610
NASHVILLE TN 37203
US

Mailing Address

3401 W END AVE
S610
NASHVILLE TN 37203
US

2. Principal Place of Business

5301 Virginia Way

3. Mailing Address

5301 Virginia Way

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

Suite 140

City & State

Brentwood, TN

City & State

Brentwood, TN

Zip

37027

Country

US

Zip

37027

Country

US

4. FEI Number

62-0905471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLER, ROLAND D.
301 WEST MAIN ST
NEW PORT RICHEY FL 33552

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIMPSON, MITCHELL D
STREET ADDRESS 1408 SHANNON PL
CITY-ST-ZIP OLD HICKORY TN 37138 ☐ Delete

TITLE SD
NAME JORDAN, WILLIAM E.
STREET ADDRESS 806 QUAIL VALLEY DR
CITY-ST-ZIP BRENTWOOD TN ☒ Delete

TITLE VD
NAME BILLINGS, PAUL B.
STREET ADDRESS 1113 TWIN SPRINGS DRIVE
CITY-ST-ZIP BRENTWOOD TN ☐ Delete

TITLE VP
NAME HUNTER, BENJAMIN L.
STREET ADDRESS 1408 CARTER ROAD
CITY-ST-ZIP OAK GROVE, KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Secretary Director
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE Vice President Director
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL D. SIMPSON

4-5-01

615-373-2640

Date

Daytime Phone #

CR2E037 (10/00)