


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90534 001 ***150.00

DOCUMENT # F97000000008

1. Entity Name
FIRST MANAGEMENT SERVICES, INC.



Principal Place of Business
**333 UNION ST., STE. 400
NASHVILLE TN 37201**

Mailing Address
**333 UNION ST., STE. 400
NASHVILLE TN 37201**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **62-1524244** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
T MAYO, KIMBERLY D 333 UNION ST., STE. 400 NASHVILLE TN 37201	<input type="checkbox"/> Delete
P DAVIS, W. KIRBY JR. 333 UNION ST., STE. 400 NASHVILLE TN 37201	<input type="checkbox"/> Delete
V BOLES, SAMUEL R 333 UNION ST., STE. 400 NASHVILLE TN 37201	<input type="checkbox"/> Delete
VP RUCCIO, PATRICIA D 333 UNION ST., STE. 400 NASHVILLE TN 37201	<input type="checkbox"/> Delete
S BURCHETT, JAMES 333 UNION STREET STE 400 NASHVILLE TN 37201	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 W. Kirby Davis, Jr. **REQUIRED** Date _____ Daytime Phone # **615-244-8060**

CR2E034 (10/02)