

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

DOCUMENT # H80151					
1. Entity Name KAUFF'S OF FT. PIERCE, INC.					
Principal Place of Business 8503 HILLTOP DRIVE OOLTEWAH, TN 37363			Mailing Address 8503 HILLTOP DRIVE OOLTEWAH, TN 37363		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2592839	
Zip		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when existing) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADGLEY, JEFFREY I			NAME	
STREET ADDRESS	8503 HILLTOP DRIVE			STREET ADDRESS	
CITY-ST-ZIP	OOLTEWAH, TN 37363			CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete			TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURIG, TED			NAME	Geoff Russell
STREET ADDRESS	3310 ENTERPRISE RD.			STREET ADDRESS	8503 Hilltop Drive
CITY-ST-ZIP	FORT PIERCE, FL 34982			CITY-ST-ZIP	Ooltewah, TN 37363
TITLE	VPST <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNORD, JOHN			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	BECKLEY, WILLIAM			NAME	
STREET ADDRESS	8503 HILLTOP DR			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	
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: <i>John Maynard</i> John Maynard 4/6/03 (423) 238-6920					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

11005539



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)