

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90077 047 \*\*\*150.00

**DOCUMENT # H89791**

1. Entity Name

**DACCO/DETROIT OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**741 DACCO DRIVE  
P.O. BOX 2789  
COOKEVILLE TN 38506  
US**

**741 DACCO DRIVE  
P.O. BOX 2789  
COOKEVILLE TN 38502-2789  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1258128**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALL, JAMES N.</b>	
STREET ADDRESS	<b>1330 SOUTH MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>COOKEVILLE TN</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALL, COLEEN</b>	
STREET ADDRESS	<b>1330 S MAPLE AVE</b>	
CITY-ST-ZIP	<b>COOKEVILLE TN</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>SPENCE, ROBERT N.</b>	
STREET ADDRESS	<b>3526 GRAMAR</b>	
CITY-ST-ZIP	<b>COOKEVILLE TN</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lorimer, John F.</b>	
STREET ADDRESS	<b>517 Eagle Pointe</b>	
CITY-ST-ZIP	<b>Cookeville, TN 38506</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:  **Robert N. Spence, Treasurer** **4-25-2001** **931-528-7581**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)