

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90006 047 ****50.00

DOCUMENT # M98000000362

1. Entity Name

MCCRIGHT & ASSOCIATES, L.C.

Principal Place of Business

**4220 DAYTON BLVD., SUITE H
 CHATTANOOGA TN 37415**

Mailing Address

**P.O. BOX 6038
 CHATTANOOGA TN 37401**

B0035404

2. Principal Place of Business

300B High St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHATTANOOGA, TN

City & State

Zip

37403

Country

HAMILTON

Zip

Country

4. FEI Number

62-1722156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **MCCRIGHT, STAN**
 CITY-ST-ZIP **4220 DAYTON BLVD., SUITE H
 CHATTANOOGA TN 37415**

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **MCCRIGHT, SARAH**
 CITY-ST-ZIP **4220 DAYTON BLVD., SUITE H
 CHATTANOOGA TN 37415**

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **MCCRIGHT, NICOLLE**
 CITY-ST-ZIP **4220 DAYTON BLVD., SUITE H
 CHATTANOOGA TN 37415**

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **MCCRIGHT, ELIZABETH**
 CITY-ST-ZIP **4220 DAYTON BLVD., SUITE H
 CHATTANOOGA TN 37415**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **300B HIGH STREET**
 CITY-ST-ZIP **CHATTANOOGA, TN. 37403**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **300B HIGH STREET**
 CITY-ST-ZIP **CHATTANOOGA, TN 37403**

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **STAN MCCRIGHT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/02
 Date

423-267-1300
 Daytime Phone #

CR2E083 (9/01)