

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - 200**

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90228 044 ***550.00

DOCUMENT # 125558

1. Entity Name

W. L. COBB CONSTRUCTION COMPANY ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 42nd. Ave., No.

3. Mailing Address

P. O. Box 90268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Nashville, TN 37209

City & State

Nashville, TN 37209

4. FEI Number

59-0198860

Applied For

Not Applicable

Zip

37209

Country

USA

Zip

37209

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jacob D. Varn, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Fowler White

101 N. Monroe St., Ste. 1090

City

Tallahassee

FL

Zip Code

32301

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
John A. Oman, Jr.
200 42nd. Avenue, North
Nashville, TN 37209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
Jack A. Oman
200 42nd. Avenue, North
Nashville, TN 37209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Oman, Jr.

Vice President

08-09-02

Date

615-385-2500

Daytime Phone #

CR2E034B (12/01)