## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # 510048** HUGH O. PRICE, INC. 04-24-2000 90015 027 \*\*\*150.00 Principal Place of Business Mailing Address 1857 HWY 113 1857 HWY 113 PO BOX 5 PO BOX 5 945447 WHITESBURG TN 37891 WHITESBURG TN 37891-0005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1417306 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATE, DONALD B. Street Address (P.O. Box Number is Not Acceptable) 207 E. ROBERTSON ST. STE. E 777 W. Lumsden Road BRANDON FL 33511 Zip Code 33511 Brandon The above named. y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition TITLE TITLE PRICE, HUGH O NAME STREET ADDRESS 1857 HWY 113 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITESBURG TN TITLE VDS ☐ Delete TITLE ☐ Change ☐ Addition PRICE, JANIS J NAME NAME STREET ADDRESS 1857 HWY 113 STREET ADDRESS CITY-ST-7iP WHITESBURG TN CITY-ST-ZIP ☐ Addition: ^Change¹ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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