

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600915

1. Entity Name

DRS. SHEER, AHEARN & ASSOCIATES, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90134 022 ***150.00

Principal Place of Business

1900 WINSTON ROAD
SUITE 300
KNOXVILLE TN 37919
US

Mailing Address

1900 WINSTON RD
SUITE 300
KNOXVILLE TN 37919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1237521

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2002 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 P ☐ Delete
NAME BLANKENSHIP, H. KIRBY MD
STREET ADDRESS 1900 WINSTON RD STE 300
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME MASSINGALE, H. LYNN MD
STREET ADDRESS 1900 WINSTON RD STE 300
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME HATCHER, MICHAEL
STREET ADDRESS 1900 WINSTON RD STE 300
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME SHERLIN, STEPHEN
STREET ADDRESS 1900 WINSTON RD STE 300
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME JONES, DAVID
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME STAIR, JOHN
STREET ADDRESS 1900 WINSTON ROAD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE Carole Belmar - AT ☐ Change ☒ Addition
NAME 1900 Winston Rd., Suite 300
STREET ADDRESS Knoxville, Tennessee 37919
CITY-ST-ZIP

3. 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:

John Stair

2/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)