

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90016 029 \*\*\*150.00

**DOCUMENT # 818021**

1. Entity Name  
**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE**

Principal Place of Business

Mailing Address

**SIGN SERVICE**  
**12TH AVENUE SOUTH**  
**TENNESSEE 37203**

**AL SIGN SERVICE**  
**200 12TH AVENUE SOUTH**  
**NASHVILLE TENNESSEE 37203-4002**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Cummings Inc.**  
 Suite, Apt. #, etc.

3. Mailing Address

**Cummings Inc.**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0563567**

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

**CORPORATION SERVICE COMPANY**  
**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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CUMMINGS, THOMAS L III</b> <b>2803 HEMMINGWAY DR.</b> <b>NASHVILLE TN</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>560 Beech Creek Rd, South</b> <b>Brentwood, TN 37027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>METCALFE, FRANK T.</b> <b>ROUTE 2</b> <b>ADAMS TN</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert E. Bowman</b> <b>2306 Racquetclub drive</b> <b>Murfreesboro, TN 37130</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SPEAS, JOHN D</b> <b>1005 LEXINGTON DRIVE</b> <b>BRENTWOOD TN</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bruce Cornett</b> <b>813 Fireside Circle</b> <b>Brentwood, TN 37027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>CUMMINGS JR, THOMAS L</b> <b>120 PROSPECT HILL</b> <b>NASHVILLE, TENN 00000</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Pamela K. Pfeffer</b> <b>863 Treemont Ct.</b> <b>Nashville, TN 37220</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BINKLEY, RUTH A</b> <b>5001 LANGFORD PASS</b> <b>OLD HICKORY TN</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-29-2000 (615) 782-7140**

Date Daytime Phone #

CR2E034 (9/99)