

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90204 046 \*\*\*150.00

**DOCUMENT # 818021**

1. Entity Name

**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE**

Principal Place of Business

**CUMMINGS INC.  
200 12TH AVENUE SOUTH  
NASHVILLE TN 37203**

Mailing Address

**CUMMINGS INC.  
200 12TH AVENUE SOUTH  
NASHVILLE TN 37203**

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

**62-0563567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE ☐ Delete  
NAME **P CUMMINGS, THOMAS L I**  
STREET ADDRESS **560 BEACH CREEK RD**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE ☐ Delete  
NAME **V BOWMAN, ROBERT E**  
STREET ADDRESS **2308 RACQUET CLUB DR**  
CITY-ST-ZIP **MURFREESBORO TN 37130**

TITLE ☐ Delete  
NAME **V CORNETT, BRUCE**  
STREET ADDRESS **813 FIRESIDE CIR**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE ☐ Delete  
NAME **S PFEFFER, PAMELA K**  
STREET ADDRESS **863 TREMONT CT**  
CITY-ST-ZIP **NASHVILLE TN 37220**

TITLE ☐ Delete  
NAME **T BINKLEY, RUTH A**  
STREET ADDRESS **5001 LANGFORD PASS**  
CITY-ST-ZIP **OLD HICKORY TN**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Vice President - Administration**  
STREET ADDRESS **1079 Stonewall Park Dr.**  
CITY-ST-ZIP **Franklin, TN 37069**

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **337 Hickory Dr.**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **President Stephen R. Kerr**  
STREET ADDRESS **200 Twelfth Ave., South**  
CITY-ST-ZIP **Nashville, TN 37203**

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:

*Ruth Binkley* **Ruth Binkley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(615) 244-5555**

CR2E034 (9/01)