

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91670 001 ***600.00

DOCUMENT # 828956

1. Entity Name

H.J. Wilson Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7100 Service Merchandise Dr.

Suite, Apt. #, etc.

PO Box 24600

City & State

Nashville, TN

Zip

37202

Country

3. Mailing Address

7100 Service Merchandise Dr.

Suite, Apt. #, etc.

PO Box 24600

City & State

Nashville, TN

Zip

37202

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-0591801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

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

1201 Hays Street

Suite 105

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

3. 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	PO Moore, CS 7100 Service Merchandise Dr Brentwood TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Heavrin, Jeff 7100 Service Merchandise Dr Brentwood TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Hogrefe, Mike 7100 Service Merchandise Dr Brentwood TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. E. Hogrefe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

615-660-3971

Daytime Phone #

CR2E034B (12/01)