

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 049 ***550.00

DOCUMENT # 832913

1. Entity Name

INDUSTRY GENERAL CORPORATION

Principal Place of Business

**5384 POPLAR AVE #500
P.O. BOX 17221
MEMPHIS TN 38119**

Mailing Address

**5384 POPLAR AVE #500
P.O. BOX 17221
MEMPHIS TN 38119**

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

62-0869811

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
NAME **DAVENPORT, WILLIAM HERMAN II**
STREET ADDRESS **1468 PINE SHADOW DRIVE**
CITY-ST-ZIP **MEMPHIS TN**

TITLE **V** ☐ Delete
NAME **MARTIN, DAVID JON**
STREET ADDRESS **775 UPPER SALT RIVER ROAD**
CITY-ST-ZIP **DANVILLE KY**

TITLE **T** ☐ Delete
NAME **ZITNEY, ROBERT LEWIS**
STREET ADDRESS **54 WESTLAKE ROAD**
CITY-ST-ZIP **TRUMBULL CT**

TITLE **S** ☐ Delete
NAME **MILLER, ROBERT MARC**
STREET ADDRESS **5 WINSLOW ROAD**
CITY-ST-ZIP **WESTON CT**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

W. Davenport, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-5-01 601-682-3314

0137820 AB

CR2E034 (5/01)