## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT #851868** WRIGHT & ASSOCIATES, INC. OF TENNESSEE 01-29-2001 90161 038 \*\*\*150.00 Principal Place of Business Mailing Address 434 HWY 72 W 434 HWY 72 W STE 1 STE 1 COLLIERVILLE TN 38017 COLLIERVILLE TN 38017 US 2. Principal Place of Business 3. Mailing Address 628 Chaney Drive, Suite A 628 Chaney Dr., Suite A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite A Suite A City & State City & State Applied For 4. FEI Number 62-0793963 Collierville, TN Collierville, TN Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 38017 38017 Shelby Fee Required She1by 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 🔀 Change ☐ Delete ☐ Addition TITLE TITLE WRIGHT, HUGH S. NAME NAME 3128 Heathstone Cove 11005 HIGHWAY 57 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MOSCOW TN 38057 Germantown, TN 38138 ☐ Addition TITLE ☐ Delete TITLE Change WHITE, NADINE NAME NAME 3823 CLUBVIEW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN VD. TITLE \_\_\_\_ Change ■ Addition TITLE . Delete SCOTT, JOHN W. NAME NAME STREET ADDRESS **ROUTE 2** STREET ADDRESS CITY-ST-ZIP WALNUT MS CITY-ST-ZIP ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

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 Ihe 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICE O

901-853-5158

Daytime Phone #

CH2E034 (10/0