## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #** F02000001367

1. Entity Name

PARTNERS IN BUSINESS, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90652 005 \*\*\*150.00

	ce of Business	Mailing Address		i			
113 SEABOARD LANE. SUITE B-200		113 SEABOARD LANE, SUITE B-200					
FRANKLIN'GN	1 37067	-FRANKLIN:GN-37067		<del></del>			
					" <b>                                     </b>	<b>       </b>	
2. Principal	Place of Business	3. Mailing Address	·	T			
+ Thropar	nace of business	3. Mailing Address			) (DEILER HILL CHILL HOLL BRILL CHILL AND)	1 GALLE MÀTAC LIANN ILLEN BITIN LENY JES	
Suite, Apt. #, etc. Suite, Apt. #, etc.							
ουκο, Αρι. π, εισ.					☐ CHECK HERE IF MAKING CHANGES		
City & State City & State			4		4. FEI Number Applied For		
•		ony a state			75-30/8060APPLIED FOR Applied For Not Applied For		
Zip	Country	Zip	Country		13-3010000		
— <sub>1</sub> ,	33517.11	حاب	Codinity		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	1	i	7. Name and Address of New Regist	·	
			Name	· · · · ·	1. Hame and Address of New Negral	ered Agent	
NIDAL CEDITICES INC				•			
NRAI SERVICES, INC.			Stree	Street Address (P.O. Box Number is Not Acceptable)			
526 EAST PARK AVENUE			<u> </u>				
TALLAHA	SSEE FL 32301						
.77			City			Zip Code	
						r <sub>ii</sub>	
8. The above	e named entity submits this statement for t	the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida.	I am familiar with, and accer	
tne obliga	itions of registered agent.					·	
SIGNATURE							
SIGIVATORE	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent sig	nature required v	when reinstating)	DATE	
, -	ILE NOW!!!_FEE JS \$150.00			<del></del>			
	r May 1, 2003 Fee will be \$550.00					n <del>o</del> - <b>\$5.00</b> -Мау.Ве	
	k Payable to Florida Department of (	State			Trust Fund Contribution.	☐ Added to Fees	
	<del>-</del>						
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11	
TITLE	PCD	☐ Delete	TITLE	1		Change Additi	
NAME	KING, MATTHEW A		NAME				
STREET ADDRESS	113 SEABOARD LANE, SUITE B-20	0	STREET ADDRESS	5		_ <b>_</b> .	
CITY-ST-ZIP	FRANKLIN GN 37067		CITY-ST-ZIP			TN	
TITLE	CAO	☐ Delete	TITLE	Secre	ctary	Change	
NAME	BURCH, JOHN R JR.		NAME		,	- —	
STREET ADDRESS	113 SEABOARD LANE, SUITE B-20	0	STREET ADDRESS	3			
CITY-ST-ZIP	FRANKLIN GN 37067		CITY-ST-ZIP			TN	
TITLE	SD	☐ Delete	TITLE	No In	nger Secretary	Change Addition	
NAMÉ	JOHNSON, EARLIS JR.	5000	NAME	1, 10, 10	J. 1.012/101/	□ sumge □ radiiii	
STREET ADDRESS	113 SEABOARD LANE, SUITE B-20	ń	STREET ADDRESS	;			
CITY-ST-ZIP	FRANKLIN GN 37067	•	CITY-ST-ZIP			TN	
TITLE	D	☐ Delete	TITLE	<u> </u>			
NAME	PHILLIPS, CLIFTON B	- Delete	NAME			L_ Change  Additio	
STREET ADDRESS	113 SEABOARD LANE, SUITE B-20	n	STREET ADDRESS	:			
CITY-ST-ZIP	FRANKLIN GN 37067	v	CITY-ST-ZIP			TN	
TITLE		Π		+	·		
NAME .	D BUDELIER BONALD E	Delete	TITLE	1		Change Addition	
STREET ADDRESS	BUDELIER, RONALD E	•	STREET ADDRESS	1			
CITY-ST-ZIP	113 SEABOARD LANE, SUITE B-200	J - 5-1	*CITY-ST-ZIP	·		TI	
	FRANKLIN GN 37067		<del></del>	-		TN	
TITLE	Vice Pres-CFO	Delete	TITLE			☐ Change	
NAME STREET ADDRESS	Lawton Miller 113 Soaboard Ln. Ste B2	00	- NAME	<b>一</b> >			
CITY-ST-ZIP	E- WI THE STORY		STREET ADDRESS				
	Franklin, TN 37067		CITY-ST-ZIP		<del></del>	<del></del>	
2. Thereby of	certify that the information supplied with the	is filing does not qualify for	the exemption st	ated in Sect	tion 119.07(3)(i), Florida Statutes. I furthe	er certify that the information	
of the cor	poration or the receiver or trustee empower	ue and accurate and that meret	ny signature shall as required by Ch	have the co	mo loggi offoot og it made under eeth, ti	hat I am an affine	
changed,	or on an attachment with an address, with	n all other like empowered.			oatotos, and that my harre appe	ALIGHT DOOR TO UT DIOOR 11 1	
	- U4	_			4 1	•	

SIGNATURE: