

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90376 039 \*\*\*150.00



**DOCUMENT # F02000002798**

1. Entity Name  
**AMERICAN CONVEYOR GROUP, INC.**

Principal Place of Business  
**7103 JUNIPER RD.  
FAIRVIEW TN 37062**

Mailing Address  
**7103 JUNIPER RD.  
FAIRVIEW TN 37062**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **62-1563439**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**WATTS, CYNTHIA**  
**3490 COASTAL HWY**  
**ST. AUGUSTINE FL 32095**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOUNTAIN, KEITH	
STREET ADDRESS	7103 JUNIPER ROAD	
CITY-ST-ZIP	FAIRVIEW TN 37062	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUNTAIN, SHIRLEY	
STREET ADDRESS	7103 JUNIPER RD.	
CITY-ST-ZIP	FAIRVIEW TN 37062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCORMICK, LISA	
STREET ADDRESS	7103 JUNIPER RD.	
CITY-ST-ZIP	FAIRVIEW TN 37062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCORMICK, RONNIE	
STREET ADDRESS	7103 JUNIPER RD.	
CITY-ST-ZIP	FAIRVIEW TN 37062	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	MOUNTAIN, MICHELLE	
STREET ADDRESS	7103 JUNIPER RD.	
CITY-ST-ZIP	FAIRVIEW TN 37062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE (Required)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/13/02** Daytime Phone #: **615-740-1140**

CR2E034 (10/02)