## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P. O. BOX 24600

3. Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7100 SERVICE MERCHANDISE DR

**NASHVILLE TN 37202-4600** 

## **DOCUMENT # F77761**

1. Entity Name

P. O. BOX 24600

NASHVILLE TN 37202

Principal Place of Business

SERVICE MERCHANDISE DR

2. Principal Place of Business

SIGNATURE:

HOMEOWNERS WAREHOUSE, INC.

Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4.	FEI Number 62-1168492			_ <del></del>	plied For t Applicable		
Zip	1	Country	Zip	try						\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent								
THE PRENTICE-HALL CORPORATION SYSTEM, INC.						Name Street Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET					Street Ac	dress (P.O. i	Sox Number Is	s Not Accepta					
SUITE 105													
TALLAHASSEE FL 32301					City				F	E_	Zip Code	Э	
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 \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of			50.00		ion Campaign Fund Contribu	_			May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.			DDITIONS/CH	HANGES TO C	FFICERS A	ND D	<b>IRECTORS</b>	3 IN 11	
TITLE NAME STREET ADDRESS		MDSE DR	Delete	TITLI NAM STRE		7100 5	STEWAR	r Die		Ì	Change	Addition	
CITY-ST-ZIP	BRENTWO	OOD TN 37027		CITY	~ST-ZIP	BRENT	JUD, TN	37027					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	C S MERCHANDISE DR DOD TN 37027	☐ Delete		i		<u> </u>		<u>-</u> .		] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GARRETT 7100 SVC		☐ Delete		1						Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	EET ADDRESS -ST-ZIP						☐ Change	Addition	
indicated of the cor	on this repo	e information supplied with th rt or supplemental report is tr he receiver or trustee empow achment with an address, wit	ue and accurate and that me ered to execute this report a	IV SIONA	ture shall ha	ive the same	Hedal effect a	is it made und	er oatn: tna	ii i am	an onicer	or director 1	

**FILED** 

May 17, 2000 8:00 am Secretary of State

05-17-2000 91076 001 \*\*\*600.00

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