

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002247

1. Entity Name

BULLOCK, SMITH AND PARTNERS, INC.

FILED

Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90352 007 \*\*\*150.00

Principal Place of Business

306 WEST DEPOT AVE.  
KNOXVILLE TN 37917

Mailing Address

306 WEST DEPOT AVE.  
SUITE 201  
KNOXVILLE TN 37917-7522

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 62-1193455

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

SMITH, CHARLES D JR.  
513 1/2 AMELIA STREET  
ORLANDO FL 32803

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	ENDSLEY, JOHN W	
STREET ADDRESS	306 WEST DEPOT	
CITY-ST-ZIP	KNOXVILLE TN 37917	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	306 WEST DEPOT	
CITY-ST-ZIP	KNOXVILLE TN 37917	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	WHITE, STEPHEN L	
STREET ADDRESS	300 9TH AVE SOUTH	
CITY-ST-ZIP	KNOXVILLE TN 37203	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAUSMAN, CRAIG G	
STREET ADDRESS	300 9TH AVENUE SOUTH	
CITY-ST-ZIP	KNOXVILLE TN 37203	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAYES, P. MICHAEL	
STREET ADDRESS	306 WEST DEPOT AVE.	
CITY-ST-ZIP	KNOXVILLE TN 37917	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALCO, PAUL F	
STREET ADDRESS	306 WEST DEPOT AVE.	
CITY-ST-ZIP	KNOXVILLE TN 37917	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis E. Catron	
STREET ADDRESS	306 West Depot Ave.	
CITY-ST-ZIP	Knoxville, TN 37917	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Smith

3-01-01

Date

(865) 546-5772

Daytime Phone #

CR2E034 (10/00)