

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003299

1. Entity Name

VOLUNTEER RESTORATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90111 041 ***150.00

Principal Place of Business	Mailing Address
1715 STERCHI STREET KNOXVILLE TN 37921	P. O. BOX 4192 KNOXVILLE TN 37921-0001

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		62-0725407		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRY, BARRON 10429 MULLIGAN CT. TAMPA FL 33647		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 _____ (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 State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	COLLINS, LOUIS M	NAME	
STREET ADDRESS	1712 STERCHI ST.	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HOLDREDGE, JOE C	NAME	
STREET ADDRESS	1712 STERCHI ST.	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	CURTIS, MICHAEL H	NAME	
STREET ADDRESS	1712 STERCHI ST.	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	JARNAGIN, LEISA L	NAME	
STREET ADDRESS	1712 STERCHI ST.	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Leisa L Jarnagin Date: 1-13-00 Daytime Phone #: 865-521-7663