

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 09, 2004 8:00 am
Secretary of State

DOCUMENT #

1. Entity Name **F95000001393**

MANDRELL INC.



02-09-2004 90030 029 ***150.00

DO NOT WRITE IN THIS SPACE

44008572

2. Principal Place of Business
MANDRELL INC

3. Mailing Address
154 RIVERCHASE DR.

Suite, Apt. #, etc.
154 RIVERCHASE DR

Suite, Apt. #, etc.

City & State
HENDERSONVILLE, TN

City & State
HENDERSONVILLE, TN

4. FEI Number
62-1138676

Applied For
Not Applicable

Zip
TENNESSEE

Country
SUMNER

Zip
37075-5826

Country
SUMNER

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GENTH, KATHY**

Street Address (P.O. Box Number is Not Acceptable)
1814 GULF BLVD

City **ENGLEWOOD** **FL** **34223**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
MANDRELL, LOUISE - PRESIDENT
1100 HAYWOOD HILLS
ASHLAND CITY, TN 37015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC?TREAS
MARY E MANDRELL
154 RIVERCHASE DR
HENDERSONVILLE, TN 37075-5826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MARY E. MANDRELL**
Mary E Mandrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04
Date

615-826-6665
Daytime Phone #

CR2E034B (12/02)