

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90044 012 \*\*\*150.00

**DOCUMENT # F96000002067**

**1. Entity Name**  
**CHATTANOOGA GROUP, INC.**

**Principal Place of Business**

**4717 ADAMS ROAD**  
**P.O. BOX 489**  
**HIXSON TN 37343-0489**

**Mailing Address**

**4717 ADAMS ROAD**  
**P.O. BOX 489**  
**HIXSON TN 37343-0489**

**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**

**23-1696630**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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.**

**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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STRACKBEIN, RONALD 4717 ADAMS RD HIXSON TN 37343-0489	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUICKSHANK, ROBERT 4717 ADAMS ROAD HIXSON TN 37343-0489	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINVILLE, DAVID C 4717 ADAMS ROAD HIXSON TN 37343-0489	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINER, RICHARD 4717 ADAMS ROAD HIXSON TN 37343-0489	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, CHARLES 4717 ADAMS RD HIXSON TN 37343-0489	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVST KLOTERMAN, SCOTT 4717 ADAMS RD HIXSON TN 37343-0489	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO, Director Paul Chapman 4717 Adams Rd Hixson, TN 37343	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached for	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	an accurate list	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 REQUIRED**  
 SCOTT A. KLOSTERMAN, CFO

3/28/02

423 870-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

ATTACH DOL # F960000002067/1019889

**CHATTANOOGA GROUP, INC.**

**OFFICERS AND DIRECTORS**

**AS OF 6/30/01**

**FEDERAL ID #23 – 1696630**

NAME	TITLE	ADDRESS
CHAPMAN, PAUL	DIRECTOR, CEO, PRESIDENT	4717 ADAMS ROAD POST OFFICE BOX 489 HIXSON, TN 37343 - 0489
KLOSTERMAN, SCOTT	CFO, VICE PRESIDENT of FINANCE, SECRETARY, TREASURER	4717 ADAMS ROAD POST OFFICE BOX 489 HIXSON, TN 37343 – 0489
LINVILLE, DAVID C	VICE PRESIDENT OF SALES & MARKETING	4717 ADAMS ROAD POST OFFICE BOX 489 HIXSON, TN 37343 - 0489
THOMAS, CHARLES	VICE PRESIDENT	4717 ADAMS ROAD POST OFFICE BOX 489 HIXSON, TN 37343 - 0489
STRACKBEIN, RONALD	CHARIMAN, DIRECTOR	4717 ADAMS ROAD POST OFFICE BOX 489 HIXSON, TN 37343
CRUICKSHANK, ROBERT	DIRECTOR	4717 ADAMS ROAD POST OFFICE BOX 489 HIXSON, TN 37343 – 0489
NINER, RICHARD	DIRECTOR	4717 ADAMS ROAD POST OFFICE BOX 489 HIXSON, TN 37343 – 0489