

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90007 017 \*\*\*150.00

0603666  
 AT

**DOCUMENT # F96000002533**  
 1. Entity Name  
**SECTION 16000, INC.**

Principal Place of Business <b>709 GLOVER AVE          ENTERPRISE AL 36330          US</b>	Mailing Address <b>PO BOX 311147          ENTERPRISE AL 36331-1147          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2700 PLAZA DR.</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>ENTERPRISE AL</b>	City & State	4. FEI Number <b>63-1118890</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>36330</b>	Country <b>COFFEE</b>	Zip	Country

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

6. Name and Address of Current Registered Agent  
**CORPORATE ACCESS, INC.  
 236 EAST 6TH AVE  
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TAUNTON, DONALD E</b>	
STREET ADDRESS	<b>6370 LOVELADY RD.</b>	
CITY-ST-ZIP	<b>DADEVILLE AL 36853</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BRETER, DONALD R</b>	
STREET ADDRESS	<b>527 CO RD 724</b>	
CITY-ST-ZIP	<b>ENTERPRISE AL 36330</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TANNER, LARRY D</b>	
STREET ADDRESS	<b>RT 1 BOX 109</b>	
CITY-ST-ZIP	<b>HARTFORD AL 36344</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SATOR, WENDY N</b>	
STREET ADDRESS	<b>5648 HWY 27</b>	
CITY-ST-ZIP	<b>ENTERPRISE AL 36330</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Wendy Sator **SIGNATURE REQUIRED** 1-22-02 (334) 393-1718  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)