

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90721 039 ***150.00

0945382 AT

DOCUMENT # F96000002533

1. Entity Name
SECTION 16000, INC.



Principal Place of Business
**2700 PLAZA DR.
ENTERPRISE AL 36330
US**

Mailing Address
**PO BOX 311147
ENTERPRISE AL 36331-1147
US**

11055862



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

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

4. FEI Number **63-1118890**

Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	TAUNTON, DONALD E	
STREET ADDRESS	6370 LOVELADY RD.	
CITY-ST-ZIP	DADEVILLE AL 36853	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRETER, DONALD R	
STREET ADDRESS	527 CO RD 724	
CITY-ST-ZIP	ENTERPRISE AL 36330	
TITLE	T	<input type="checkbox"/> Delete
NAME	TANNER, LARRY D	
STREET ADDRESS	RT 1 BOX 109	
CITY-ST-ZIP	HARTFORD AL 36344	
TITLE	V	<input type="checkbox"/> Delete
NAME	SATOR, WENDY N	
STREET ADDRESS	5648 HWY 27	
CITY-ST-ZIP	ENTERPRISE AL 36330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wendy N. Sator* **WENDY N. SATOR** **3-18-03** **334 393-8444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)