FILED Apr 19, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

100	MENT # F9700000 ENTERPRISES, INC.	04-19-20	_		***150.0		
Principal Place of Business Mailing Address 7704 Basswood Drive 7704 Basswood Drive Chattanooga, TN 37416 Chattanooga, TN 374				C0049856			
2. Principal Place of Business 8503 Hilltop Drive Suite, Apt. #. etc.		3. Mailing Address 8503 Hilltop Drive Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Ooltewa: Zip		City & State Ooltewah, TN Zip	Country	4. FEI Number 62-1703577	\$8		lied For Applicable
37363	Hamilton	37363	Hamilton	5. Certificate of Status Desired		e Required	JOHE!
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Reg	istered Ag	ent	
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301				ess (P.O. Box Number is Not Acceptable)			
			City	<u> </u>	FL	Zip Code	
SIGNATURE _ 9. This corpo Tax filing r	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so.	and title if applicable. (NOTE	E: Registered Agent signature n III: FEE IS: \$150,00 Q1 Fee will be \$550 Ne to Department o	10. Election Campaign Finar Trust Fund Contribution	DATE) May Be to Fees
		Apple 10 at	12.	ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	: IN 11
11. TITLE NAME SYREET ADDRESS CITY-SY-ZIP	D Jeffrey I. Badgley 8503 Hilltop Drive Coltewah, TN 37363	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gary Pasborgh 4971 SW 34th Place Davie, FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T John Maynord 8503 Hilltop Drive Ooltewah, TN 37363	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	AS William Beckley 8503 Hilltop Drive Ooltewah, TN 37363	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition
indicated of the co	d on this report or cumplemental report i	is true and accurate and that cowered to execute this repor	my signature shall hav rt as required by Chap d.	d in Section 119.07(3)(i), Florida Statutes. I ve the same legal effect as if made under outer 607, Florida Statutes; and that my name	ath∙that Iar	n an officer	or director
SIGNA	TURE:	7-16-U1	n-	ytime Phone #			
l	/ / SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	K OK DIKECTOR	Date	υa	Amue Eudus a	