


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91219 029 ***150.00

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

DOCUMENT # F97000004235					
1. Entity Name DOLLAR ENTERPRISES, INC.					
Principal Place of Business 8503 HILLTOP DRIVE OOLTEWAH, TN 37363 US			Mailing Address 8503 HILLTOP DRIVE OOLTEWAH, TN 37363 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301				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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reissuing)</small>					
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYNORD, JOHN		NAME		
STREET ADDRESS	8503 HILLTOP DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OOLTEWAH, TN 37363		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADGLEY, JEFFREY I		NAME		
STREET ADDRESS	8503 HILLTOP DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OOLTEWAH, TN 37363		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PASBORGH, GARY		NAME	Geoff Russell	
STREET ADDRESS	4971 SW 34TH PLACE		STREET ADDRESS	8503 Hilltop Drive	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	Ooltewah, TN 37363	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKLEY, WILLIAM		NAME		
STREET ADDRESS	8503 HILLTOP DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OOLTEWAH, TN 37363		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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:		John Maynard, Vice President			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 4/9/03 <small>Daytime Phone #</small> (423) 238-6920			

11005522



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 62-1703577 ☐ Applied For
☐ Not Applicable

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

CR2E034 (1/02)