

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91274 045 ***150.00

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

DOCUMENT # F98000004835			
1. Entity Name FIRSTPROPERTIES, INC.(OF TENNESSEE).			
Principal Place of Business 202 HERITAGE PARK DRIVE MURFREESBORO, TN 37129-1556		Mailing Address 202 HERITAGE PARK DRIVE MURFREESBORO, TN 37129-1556	
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 62-1603902		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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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's signature required when registering.) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	C	☐ Delete	
NAME	SASSER, GARY D		
STREET ADDRESS	PERIMETER PLACE ONE, 518 OLD KENTUCKY ROAD		
CITY-ST-ZIP	COOKEVILLE, TN 38502		
TITLE	PVT	☐ Delete	
NAME	WILSON, GARY L		
STREET ADDRESS	202 HERITAGE PARK DRIVE		
CITY-ST-ZIP	MURFREESBORO, TN 371291556		
TITLE	VS	☐ Delete	
NAME	BEENY, DAVID R		
STREET ADDRESS	202 HERITAGE PARK DRIVE		
CITY-ST-ZIP	MURFREESBORO, TN 371291556		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ 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)(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: <i>David R. Beeny</i>		4/24/03	615/890-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case	Daytime Phone

11021905



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)