

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90063 017 ***550.00

DOCUMENT # F99000001497

1. Entity Name
PRIVATE BUSINESS, INC.

Principal Place of Business

PO BOX 1603
 9010 OVERLOOK BLVD.
 BRENTWOOD TN 37027

Mailing Address

PO BOX 1603
 9010 OVERLOOK BLVD.
 BRENTWOOD TN 37027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1603
 Suite, Apt. #, etc.
 9020 OVERLOOK BLVD
 City & State
 Brentwood TN

3. Mailing Address

P.O. Box 1603
 Suite, Apt. #, etc.
 9020 OVERLOOK BLVD
 City & State
 BRENTWOOD TN

4. FEI Number **62-1453841**

Applied For
 Not Applicable

Zip
 37027 Country
 U.S.A.

Zip
 37024 Country
 U.S.A.

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	CS	<input type="checkbox"/> Delete
NAME	KING, WILLIAM B	
STREET ADDRESS	910 OVERLOOK BLVD.	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, TOM	
STREET ADDRESS	910 OVERLOOK BLVD.	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9020 OVERLOOK BLVD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9020 OVERLOOK BLVD.	
CITY-ST-ZIP		
TITLE	SECRETARY & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD M. HAYDEN	
STREET ADDRESS	9020 OVERLOOK BLVD.	
CITY-ST-ZIP	BRENTWOOD, TN 37027	
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:

SIGNATURE METRECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 12, 2002 (615) 565-7788
 Date Daytime Phone #

CR2E034 (4/02)