

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90409 030 ***150.00

0665101 AB

DOCUMENT # F99000001598

1. Entity Name
THREE SPRINGS, INC.



Principal Place of Business
**1131 EAGLETREE LANE
HUNTSVILLE AL 35801**

Mailing Address
**1131 EAGLETREE LANE
HUNTSVILLE AL 35801**



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 **63-0889709**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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
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

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	C	<input checked="" type="checkbox"/> Delete
NAME	WATSON, THOMAS M	
STREET ADDRESS	1131 EAGLETREE LANE	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BUICE-WATSON, BARBARA	
STREET ADDRESS	1131 EAGLETREE LANE	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BALCH, BROOKE	
STREET ADDRESS	1131 EAGLETREE LANE	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAYNE, JIM	
STREET ADDRESS	1131 EAGLETREE LANE	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOSLOW, STEVE	
STREET ADDRESS	1131 EAGLETREE LANE	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharp, Watson	
STREET ADDRESS	1702 Waller Road	
CITY-ST-ZIP	Huntsville, AL 35801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Payne, Jim	
STREET ADDRESS	3403 Highland Plaza	
CITY-ST-ZIP	Huntsville, AL 35801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fallon, Robert	
STREET ADDRESS	418 Rainbow Drive	
CITY-ST-ZIP	Madison, AL 35758	

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:

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

Date **4/28/03** Daytime Phone # **(256) 880-3339**

CR2E034 (10/02)