

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91053 016 ***150.00

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1. Entity Name
GST CORPORATION OF TENNESSEE

Principal Place of Business
**8295 TOURNAMENT DR., STE 150
MEMPHIS TN 38125**

Mailing Address
**8295 TOURNAMENT DR., STE 150
MEMPHIS TN 38125**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0869915**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	✓ PD	<input type="checkbox"/> Delete
NAME	VAUGHN, LANNY	
STREET ADDRESS	8295 TOURNAMENT DR., #150	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	✓ V	<input type="checkbox"/> Delete
NAME	STEWART, PAUL	
STREET ADDRESS	8295 TOURNAMENT DR., #150	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MATSAO, GENE	
STREET ADDRESS	8295 TOURNAMENT DR., STE 150	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	✓ COO	<input type="checkbox"/> Delete
NAME	PERDUE, THOMAS	
STREET ADDRESS	557 GOLDEN LINKS DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	✓ VF	<input type="checkbox"/> Delete
NAME	MILLARD, GARY	
STREET ADDRESS	6228 LOCHLEVIN COVE	
CITY-ST-ZIP	MEMPHIS TN 38119	
TITLE	✓ D	<input type="checkbox"/> Delete
NAME	ISHIKAWA, YOTAKA	
STREET ADDRESS	829 TOURNAMENT DR	
CITY-ST-ZIP	MEMPHIS TN 38125	

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 action, with all other like empowered.

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

Date _____ Daytime Phone # _____

CR2E034 (10/02)