

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000044

1. Entity Name

PRECISION SEATING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43

Principal Place of Business

6621 WILBANKS ROAD
KNOXVILLE TN 37912

Mailing Address

6621 WILBANKS ROAD
KNOXVILLE TN 37912-1314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1718986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUTCH, DORINDA A
8940 GALL BOULEVARD
ZEPHYRHILLS FL 33541

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BARLOW, MIKE R
STREET ADDRESS 8645 DENMARK STREET
CITY-ST-ZIP KNOXVILLE TN 37931

TITLE MGR ☒ Change ☐ Addition
NAME Barlow, Mike R.
STREET ADDRESS 8256 Glenrothes Blvd.
CITY-ST-ZIP Knoxville, TN 37909

TITLE MGR ☐ Delete
NAME MCCULLEY, LESA P
STREET ADDRESS SUITE 18, 120 S. PETERS ROAD
CITY-ST-ZIP KNOXVILLE TN 37923

TITLE ☐ Change ☐ Addition
NAME *mf 3/20/00*
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PHILLIPS, W.T. JR.
STREET ADDRESS 6621 WILBANKS ROAD
CITY-ST-ZIP KNOXVILLE TN 37912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003173266--0
CITY-ST-ZIP -03/22/00--01019--024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *W. T. Phillips, Jr.* **W. T. Phillips, Jr. Manager** 3/3/2000 865-688-8342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)