

2001 UNIFORM BUSINESS REPORT (UBR)

0030303 AB

DOCUMENT # M98000000752

1. Entity Name
CAPITOL USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -5 PM 3:56

Principal Place of Business: **300 CROSS PLAINS BLVD. DALTON GA 30720**

Mailing Address: **P.O. BOX 2023 DALTON GA 30722**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **58-2240421**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003888771--6
-03/20/01--01092--015
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, JAMES B 633 CHESTNUT STREET, SUTIE 1640 CHATANOOGA TN 37405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELROD, STARLING L 633 CHESTNUT STREET, SUTIE 1640 CHATANOOGA TN 37405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, TIM T 633 CHESTNUT STREET, SUTIE 1640 CHATANOOGA TN 37405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKSHIRE, MIKE D 633 CHESTNUT STREET, SUTIE 1640 CHATANOOGA TN 37405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEEHY, THOMAS D 1800 REPUBLIC CENTER CHATTANOOGA TN 37402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas D. Sheehy **NOT REQUIRED** Date: 2/28/01 Daytime Phone #: 706 277-6241

CR2E083 (11/00)