

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90283 021 \*\*\*150.00

0000416 AT

**DOCUMENT # P00474**  
**1. Entity Name**  
**MALL TENANT CONTRACTORS, INC.**

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>2309 OLD COUNTY RD<br>POCAHONTAS AR 72455<br>US | <b>Mailing Address</b><br>P.O. BOX 660<br>P.O. BOX 660<br>POCAHONTAS AR 72455<br>US |
|---|---|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |
|--|--|

|                         |                         |                                    |   |
|-------------------------|-------------------------|------------------------------------|---|
| <b>City &amp; State</b> | <b>City &amp; State</b> | <b>4. FEI Number</b><br>71-0583153 | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>Zip</b>              | <b>Country</b>          | <b>Zip</b>                         | <b>Country</b>  |



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**CAMMARATA, JUDITH**  
**932 ROSEWELL TERRACE**  
**APT. 101**  
**DELTONA FL 32738**

**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)

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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                            |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>MCCURTER, JAMES R.<br>1949 HOELSCHER LANE<br>POCAHONTAS AR <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>MARTIN, TAMMY L<br>251 HUMMINGBIRD TRAIL<br>POCAHONTAS AR <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br>MCCURTER, MICHEL A<br>P.O. BOX 64<br>MAYNARD AR 72444 <input type="checkbox"/> Delete      |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>James R. McCurter<br>5794 Hwy 90 West<br>Pocahontas, AR 72455 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**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:** Tammy L. Martin 4-19-02 870-892-2541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)