

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P02736**

1. Entity Name

CONSTRUCTION ENTERPRISES, INC. OF TENNESSEE**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90115 020 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 2070
CLEVELAND TN 37320-2070
USP.O. BOX 2070
CLEVELAND TN 37320-2070
US

00013481



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 **62-1028383**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	COB ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRESTON, FORREST	NAME	
STREET ADDRESS	P O BOX 3480 N/A	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANDERS, JOHN W.	NAME	
STREET ADDRESS	3600 KEITH ST APT 1507	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MYERS, GARY A.	NAME	
STREET ADDRESS	RT. 1, BOX 261	STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE TN	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARY, HAROLD L.	NAME	
STREET ADDRESS	253 WELLSBROOK CR.	STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE TN	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

423-559-1580

Daytime Phone #