2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
06-19-2001 90010 040 ***150.00
08-01-2001 90200 043 ***400.00

DOCUMENT # P02736

1. Entity Name

CONSTRUCTION ENTERPRISES, INC. OF TENNESSEE

Principal Place of Business	Mailing Address
P.O. BOX 2070 CLEVELAND TN 37320-2070 US	P.O. BOX 2070 CLEVELAND TN 37320-2070 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
624 GRASSMERE PK	624 Grassmere Park
Suite, Apt. #, etc.: SUITE 10	Suite, Apt. #, etc.: SUITE 10
City & State: NASHVILLE TN.	City & State: NASHVILLE TN
Zip: 37211 Country: USA	Zip: 37211 Country: USA

4. FEI Number 62-1028383 ☐ Applied For ☐ Not Applicable

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 _____ 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB PRESTON, FORREST P O BOX 3480 N/A CLEVELAND TN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANDERS, JOHN W. 3600 KEITH ST APT 1507 CLEVELAND TN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 624 GRASSMERE PARK, STE 10 NASHVILLE, AR. 37211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MYERS, GARY A. RT. 1, BOX 261 FAYETTEVILLE TN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 624 GRASSMERE PARK STE 10 NASHVILLE, TN 37211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARY, HAROLD L. 253 WELLSBROOK CR. FAYETTEVILLE TN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Thomas S. Ford 7808 SHADOW BEND DR. HUNTSVILLE, AR. 35802 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHN SARICH 624 GRASSMERE PARK, STE 10 NASHVILLE, TN 37211 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP R Shelby Shafer 624 GRASSMERE PARK, STE 10 NASHVILLE TN 37211 ☐ Change ☒ 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: Thomas S Ford 6-12-2001 615 332 8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER [redacted]

D0060458

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2. SEX	3. DATE OF DEATH
Harold	Leon	Cary		Male	September 15, 2000

4. DATE OF BIRTH	5. AGE (IN YEARS)	IF UNDER 1 YR. MO	DAYS	IF UNDER 1 DAY HOURS	MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
January 17, 1936	64					Hardin County, Tennessee	413-56-7263

8. RACE	8a. WAS THE DECEDENT OF HISPANIC ORIGIN?	8b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-18, 17+))
Caucasian	☐ YES ☒ NO		☐ YES ☒ NO	16

12. MARITAL STATUS	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	Sue Grammer	Certified Public Accountant	Accounting

15a. RESIDENCE STREET ADDRESS	15b. CITY OR TOWN
317 Bridlewood Drive	Fayetteville

15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Lincoln	Tennessee	37334	☐ YES ☒ NO

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
George Cary	Nora (Not Available)

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☒ INPATIENT ☐ ER/OUTPATIENT ☐ DOA OTHER: ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)

18c. COUNTY OF DEATH	18d. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE LOCATION)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, give street address)
Harris	Houston	M.D. Anderson Cancer Center

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT
Jason Groce (Stepson)	21 Windridge Dr.-Fayetteville, Tennessee 37334

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section / Block / Lot / Space / Unknown ☐	28. NAME & ADDRESS OF FUNERAL HOME
☒ BURIAL ☐ CREMATION ☒ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	Lynchburg Cemetery 26. LOCATION (CITY, STATE): Lynchburg, Tennessee 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: James D. Walker 10229 29. DATE OF DISPOSITION: 9-19-00		Higgins Funeral Home 213 East Market St. Fayetteville, Tennessee 37334

30. CERTIFIER

☒ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

☐ MEDICAL EXAMINER / ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO	DAY	YEAR	33. TIME OF DEATH
Hagop Kantarjian	9	21	00	10:33 p. M.

34. PRINTED NAME & ADDRESS OF CERTIFIER: Hagop Kantarjian, M.D. - 1515 Holcombe Blvd., B-84402 - Houston, Texas 77030

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 194, 1989)

CAUSE OF DEATH

35. PART 1 — ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	CHRONIC LYMPHOCYTIC LEUKEMIA	2 YRS
DUE TO (OR AS A LIKELY CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A LIKELY CONSEQUENCE OF): c.		
DUE TO (OR AS A LIKELY CONSEQUENCE OF): d.		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☒ NO	☐ YES ☐ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK

40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M.	☐ YES ☐ NO	

41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
02 14996	OCT. 23, 2000	R.W. Hanks

VS-112 REV. 9/95

3728580

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS)
COUNTY OF HARRIS) ss

DATE ISSUED OCT 24 2000

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R. W. Hanks

R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
LAMINATION MAY VOID CERTIFICATE.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE