FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91029 007 ***150.00

DOCUMENT # P04998

94082121

1. Entity Name
CMH Homes, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5000 Clayton Rd Suite, Apt. #, etc.	PO Box 4098 Suite, Apt. #, etc.
City & State: Maryville TN	City & State: Maryville TN
Zip: 37804 Country: US	Zip: 37802 Country: US

4. FEI Number: 62-1225153 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
City: Plantation **FL** Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President Director	TITLE	
NAME	David Booth	NAME	
STREET ADDRESS	5000 Clayton Road	STREET ADDRESS	
CITY-ST-ZIP	Maryville, TN 37804	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Hugh T. Statum III	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Kevin T. Clayton	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Amber Krupacs	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/04 865-380-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #