2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State
07-19-2000 90019 001 ***558.75

DOCUMENT # P19064

1. Entity Name
ARLES B. GREENE CAULKING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
~~PO BOX 244~~ 301 S. Main St. GOODLETTSVILLE TN ~~37070-0544~~ 37072	P O BOX 544 GOODLETTSVILLE TN 37070-0544 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Arles B. Greene Caulking Contractors			
Suite, Apt. #, etc. 301 S. Main Street		Suite, Apt. #, etc.	
City & State Goodlettsville, TN		City & State	
Zip 37072	Country USA	Zip	Country

4. FEI Number 62-1074398 ☐ 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 ______________________
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	P GREEN, ARLES B. 1270 DICKERSON RD, NO GOODLETTSVILLE TN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREEN, SHANNON 5320 CLUB CIRCLE MORRISTOWN TN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Arles B. Greene President — 7-10-00 — 615-859-4935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1330 $80.00

ABG

Caulking Contractors, Inc.
P.O.Box 544
Goodlettsville, TN 37070-0544
(615) 859 - 4935

LETTER OF TRANSMITTAL

A00068400 DOC# ATTACHMENT #19064

DATE	JOB NO.
7-10-00	

ATTENTION: DIVISION OF CORPORATIONS

RE: ANNUAL REPORTS FILINGS

FL Dept of State

TO UNIFORM BUSINESS REPORT FLIINGS

P. O. BOX 1500

TALLAHASSEE, FL 32302-1500

GENTLEMEN:

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			RENEWAL FORM
1			CHECK IN THE AMOUNT OF $ 558.75

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO License File

SIGNED: Jennifer Lee

If enclosures are not as noted, kindly notify us at once.