

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90002 031 ***550.00

0594313

DOCUMENT # P29593

1. Entity Name

CTI SERVICES, INC.

Principal Place of Business

Mailing Address

**810 INNOVATION DRIVE
 KNOXVILLE TN 37932**

**810 INNOVATION DRIVE
 KNOXVILLE TN 37932**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1361631**

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
 1220 SOUTH 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.

(NOT: 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, 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	PCBD	<input type="checkbox"/> Delete
NAME	DOUGLAS, TERRY D	
STREET ADDRESS	810 INNOVATION DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37932	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STUVEK, FRED	
STREET ADDRESS	810 INNOVATION DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37932	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILAN, KELLY	
STREET ADDRESS	810 INNOVATION DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37932	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUTT, RON	
STREET ADDRESS	810 INNOVATION DR	
CITY-ST-ZIP	KNOXVILLE TN 37932	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TEMPLIN, MICHAEL	
STREET ADDRESS	810 INNOVATION DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37932	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Templin	
STREET ADDRESS	810 Innovation Drive	
CITY-ST-ZIP	Knoxville, TN 37932	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 no 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:

Michael Templin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-01 865-218-2000

Date

Daytime Phone #

CR2E034 (10/00)