## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P33259 **DOCUMENT #**

1. Entity Name



## FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90707 019 \*\*\*150.00

MALER	CONSTRUCTION ASSOCIA	TES, INC.		01-13-2003 9070	7 019 130.00	
Principal Place of Business 299 SOUTH WALNUT BEND STE 101 MEMPHIS TN 38018 US 2. Principal Place of Business		Mailing Address 299 SOUTH WALNUT BEND SUITE #101 MEMPHIS TN 38018 US 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State				CHECK HERE IF MAKING CHANGES		
		City & State		4. FEI Number 62-1446737	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$9.75 August	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registe		
MALER, GEORGE			Name (*	Alex Choras	dans	
	allion drive TCHEE FL 33470		Street Add	ress (P.O. Box Number is Not Acceptable)		
LOWIN	POHEE I E SOFF		City		Zip Code	
8. The above	e named entity submits this statement for	or the purpose of changing		gistered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00	and title if applicable. (No	OTE: Registered Agent signature n	equired when reinstating)	ATE	
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALER, ROGER J. 1042 HUMPHREY OAKS CR MEMPHIS TN 38120	☐ Delete	NAME STREET ADDRESS	res. maler, Roger J H Beaver Valley Lorbova. Th 380		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDV GILLULY, GREG 595 SANGA CIRCLE CORDOVA TN 38018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MALER, TRACIE 1042 HUMPHREY OAKS CR MEMPHIS TN 38120	☐ Delete	NAME STREET ADDRESS	naver, Tracie 14 Beaver Valley 2012000, Th 3801	Cove	
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			
	<u>.                                    </u>		CITY-ST-ZIP	•	☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SOUTRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

901-757-2383