

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90005 004 \*\*\*150.00

**DOCUMENT # P39656**

1. Entity Name

**MADDUX BUILDERS, INC.**

Principal Place of Business

Mailing Address

1310 KENILWOOD DRIVE  
 NASHVILLE TN 37204

P.O. BOX 40285  
 NASHVILLE TN 37204-0285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**62-1195924**

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

**LAW, DALE**  
**2500 21ST STREET NW, #87**  
**WINTER HAVEN FL 33880**

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 \$150.00**  
**After MAY 1, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MADDUX, O. G., JR.</b>	
STREET ADDRESS	<b>3711 HILLDALE DRIVE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MADDUX, STEPHEN G</b>	
STREET ADDRESS	<b>8824 OLD CHARLOTTE PIKE</b>	
CITY-ST-ZIP	<b>PEGRAM TN 37143</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MADDUX, DANIEL F</b>	
STREET ADDRESS	<b>7245 GREEN MEADOWS LANE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37221</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BAIRD, FRANCES H</b>	
STREET ADDRESS	<b>134 STILLHOUSE ROAD</b>	
CITY-ST-ZIP	<b>HENDERSONVILLE TN 37075</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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 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:**

*Dale Maddux* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000

Date

615-832-0602

Daytime Phone #

CR2E034 (9/99)