

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40352

1. Entity Name

CMH MANUFACTURING, INC.

Principal Place of Business

Mailing Address

5000 CLAYTON HOMES DR
MARYVILLE TN 37804
US

PO BOX 4098
MARYVILLE TN 37802
US

2. Principal Place of Business

3. Mailing Address

5000 CLAYTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1585294

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

C T CORPORATION SYSTEM
1200 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.

(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, 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 PD ☐ Delete
NAME STRACHAN, RICHARD
STREET ADDRESS 5000 CLAYTON RD.
CITY-ST-ZIP MARYVILLE TN 37804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLAYTON, KEVIN T
STREET ADDRESS 5000 CLAYTON RD.
CITY-ST-ZIP MARYVILLE TN 37804

TITLE C ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KRUPACS, AMBER
STREET ADDRESS 5000 CLAYTON RD.
CITY-ST-ZIP MARYVILLE TN 37804

TITLE ☒ Change ☐ Addition
NAME KRUPACS, AMBER
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME POTTS, LANGDON
STREET ADDRESS 5000 CLAYTON RD.
CITY-ST-ZIP MARYVILLE TN 37804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Langdon Potts

4/6/01

Date

865-380-3000

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90055 005 ***150.00

00036146



DO NOT WRITE IN THIS SPACE