FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am DOCUMENT # P95000050586 **Secretary of State** 1. Entity Name LANSCOT, INC. 03-19-2001 90477 044 \*\*\*150.00 Principal Place of Business Mailing Address 850 RIDGE LAKE BLVD 850 RIDGE LAKE BLVD 635807 MEMPHIS TN 38120 MEMPHIS TN 38120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 62-1608596 Not Applicable \_ Zip -Country Country Zip\_ \$8.75 Additional. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. CR2E034 (10/00) Change TITLE ☐ Delete TITLE H. LANCE FORSDICK FORSDICK, H. LANCE SR. NAME NAME 850 RIDGELAKE BLVD. SUITE 200 STREET ADDRESS STREET ADDRESS 889 RIDGE LAKE BLVD., SUITE 100 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS, TN. 38120 MEMPHIS TN 38120 ☐ Delete TITLE Change Addition SCOTT W. WOOD WOOD, SCOTT W NAME NAME 850 RIDGELAKE BLUD. SUITE 200 STREET ADDRESS STREET ADDRESS 889 RIDGE LAKE BLVD., SUITE 100 CITY-ST-ZIP MEMPHIS TN 38120 CITY-ST-ZIP MEMPHIS, TN. 38,120 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

GNATURE: Hance Forsdeek Pres. 3/14/01 901-7677005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone 4