

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091667

Entity Name
MBS, INC.FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90134 049 ***150.00

Principal Place of Business
1900 WINSTON RD
KNOXVILLE TN 37919
Mailing Address
P O BOX 30698
KNOXVILLE TN 37919Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0622847 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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, 2002 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 Fees11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPAS GOLDFELD, ARON 100 NW 70TH AVE PLANTATION FL 33317
AS STAIR, JOHN R 1900 WINSTON RD KNOXVILLE TN 37919
VD MASSINGALE, H. LYNN 1900 WINSTON ROAD, SUITE 300 KNOXVILLE TN 37919
VT JONES, DAVID 1900 WINSTON RD STE 300 KNOXVILLE TN 37919
DPT SHERLIN, STEPHEN 1900 WINSTON RD KNOXVILLE TN 37919
DVPS JOYNER, ROBERT 1900 WINSTON RD KNOXVILLE TN 37919
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Assist. Sec. John Stair 1900 Winston Rd. Knoxville, TN 37919
Carole Belmar - AT 1900 Winston Rd., Suite 300 Knoxville, Tennessee 37919

3. 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

Date

Daytime Phone #

CR2E034 (9/01)