## 2002 Uniform Business Report (UBR)

changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

## Mar 26, 2002 8:00 am Secretary of State DOCUMENT # 848992 1. Entity Name 03-26-2002 90088 024 \*\*\*150.00 STANLEY JONES, CORPORATION Principal Place of Business Mailing Address 119 MORRIS STREET P.O. BOX 5260 SOUTH FULTON TN 38257 SOUTH FULTON TN 38257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-0722294 Not Applicable Zip Country Country \$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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (9/01) TITLE ☐ Defete ☐ Addition TITLE Change NAME JONES, JOHN C. NAME STREET ADDRESS 7079 JONES LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **SOUTH FULTON TN 38257** TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, STANLEY II G. NAME STREET ADDRESS STREET ADDRESS RT 2 BOX 323 CITY-ST-ZIP CITY-ST-ZIP SOUTH FULTON TN 38257 Delete TITLE Change Addition NAME FRAZIER, GEORGE NAME STREET ADDRESS **WELLS AVENUE** STREET ADDRESS CITY-ST-ZIP **FULTON KY** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition BARCLAY, TED NAME NAME STREET ADDRESS **ROUTE 5, BOX 345** STREET ADDRESS CITY-ST-ZIP SOUTH FULTON TN CITY-ST-7IP TITLE ST ☐ Delete TITLE Change ☐ Addition NAME MILNER, MICHAEL G. NAME STREET ADDRESS 119 MORRIS STREET STREET ADDRESS CITY-ST-ZIP **SOUTH FULTON TN** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 acqurate 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 flistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**