


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90194 010 \*\*\*150.00

0995319 AB

|   |   |
|---|---|
| <b>DOCUMENT # F01000000366</b><br>1. Entity Name<br><b>BRET LIN, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>380 SOUTH INDUSTRIAL BLVD., S.W.<br/>CALHOUN GA 30701</b> | Mailing Address<br><b>380 SOUTH INDUSTRIAL BLVD., S.W.<br/>CALHOUN GA 30701</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



CHECK HERE IF MAKING CHANGES

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> | <b>7. Name and Address of New Registered Agent</b><br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br><br>City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b> <input type="checkbox"/> Delete<br><b>BARLOW, PHILIP H</b><br><b>380 SOUTH INDUSTRIAL BLVD., S.W.</b><br><b>CALHOUN GA 30701</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b> <input type="checkbox"/> Delete<br><b>HARMON, GARY A</b><br><b>185 SOUTH INDUSTRIAL BLVD., S.W.</b><br><b>CALHOUN GA 30701</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b> <input type="checkbox"/> Delete<br><b>KLEIN, STARR T</b><br><b>345-B NOWLIN LANE</b><br><b>CHATTANOOGA TN 37421</b>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b> <input type="checkbox"/> Delete<br><b>LASATER, D. EUGENE A</b><br><b>185 SOUTH INDUSTRIAL BLVD., S.W.</b><br><b>CALHOUN GA 30701</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b> <input type="checkbox"/> Delete<br><b>DAVIS, W. DEREK</b><br><b>185 SOUTH INDUSTRIAL BLVD., S.W.</b><br><b>CALHOUN GA 30701</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b> <input type="checkbox"/> Delete<br><b>FRIERSON, DANIEL K</b><br><b>345-B NOWLIN LANE</b><br><b>CHATTANOOGA TN 37421</b>             |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Edwards **WSP SIGNATURE REQUIRED** 5/8/03 (706)625-7989  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 William Edwards Director of Tax

CR2E034 (10/02)