## **2002 UNIFORM BUSINESS REPORT (UBR)**

## F97000001613 DOCUMENT #

1. Entity Name

STELLAR MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address 407 EAST 5TH STREET **407 EAST 5TH STREET** CHATTANOOGA TN 37403 CHATTANOOGA TN 37403

## FILED Aug 26, 2002 8:00 am Secretary of State

08-26-2002 90056 029 \*\*\*550.00



Principal Place of Business     3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. f	FEI Number <b>62-1524</b> 3	338		Applied For Not Applicable	
Zip	,	Country	Zip Coun		try	5. (	Certificate of Status Desire		8.75 Acee Requir	dditional	
_6. Name and Address of Current Registered Agent						7. N	Name and Address of Ne	w Registered Ag	ent		
NATIONAL REGISTERED AGENTS, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301					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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  10. Florida Campaigne Figure Services											
Tax filing requirement and elects to do so. (See criteria on back)  After September 13, 200 Make Check Payable to					Fee will be	\$750.00	10." Election Campaigr Trust Fund Contrib			00 May Be ed to Fees	
11.OFFICERS AND DIRECTORS12.					,	AD	DITIONS/CHANGES TO	OFFICERS AND (	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Delete TITL BULLARD, ROBERT C SS 407 EAST 5TH STREET CHATTANOOGA TN 37403								□ Change	☐ Addition	
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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:

423.265-7090

Daytime Phone #