

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 048 ***158.75

DOCUMENT # **F99000002739** ✓

1. Entity Name
E. A. Renfroe & Company, Inc.

DO NOT WRITE IN THIS SPACE

668009

2. Principal Place of Business
Two Chase Corporate Dr.

3. Mailing Address
Two Chase Corporate Dr.

Suite, Apt. #, etc.
Suite 250

Suite, Apt. #, etc.
Suite 250

DO NOT WRITE IN THIS SPACE

City & State
Birmingham, AL

City & State
Birmingham, AL

4. FEI Number
58-2142437

Applied For
Not Applicable

Zip
35244

Country

Zip
35244

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name **C.T. Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
City **Plantation** FL Zip Code **33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME **T/S/D Renfroe, Jana**
STREET ADDRESS **Two Chase Corporate Drive, Suite 250**
CITY-ST-ZIP **Birmingham, AL 35244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **C.P. Renfroe, Gene**
STREET ADDRESS **Two Chase Corporate Drive, Suite 250**
CITY-ST-ZIP **Birmingham, AL 35244**

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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 on an attachment with an address, with all other persons empowered.

SIGNATURE: **Jana P. Renfroe** 5/8/02 (205) 982-6230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)