2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852685

1. Entity Name

HEEDE SOUTHEAST, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 23 AM 10:32

Principal Place of Business	Mailing Address
11608 DOWNS ROAD CHARLOTTE NC 28134	11608 DOWNS ROAD CHARLOTTE NC 28134

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 56-0773545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE SERVICES COMPANY 1201 HAYS STREET 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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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 Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNA, MICHAEL E		NAME	
STREET ADDRESS	11608 DOWNS RD		STREET ADDRESS	
CITY-ST-ZIP	PINEVILLE NC 28134		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNA, D.E.		NAME	200003784432--9
STREET ADDRESS	11608 DOWNS RD		STREET ADDRESS	-02/28/01--01023--001
CITY-ST-ZIP	~~CHARLOTTE NC~~ PINEVILLE NC		CITY-ST-ZIP	****150.00 ****150.00
TITLE	CEO	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNA, T. E.		NAME	
STREET ADDRESS	11608 DOWNS ROAD		STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	AD
CITY-ST-ZIP			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 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: Elizabeth A. Mallhardt 2-7-01 7045883985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)