2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **F99000002532** Apr 03, 2000 8:00 am Secretary of State IN STAFF, INC. 04-03-2000 90163 030 ***150.00 Mailing Address Principal Place of Business 6401 CARMEL ROAD, STE 204 6401 CARMEL ROAD, STE 204-**CHARLOTTE NC 28226-8299** CHARLOTTE NC 28226 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc # 208 City & State Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 ROAD PLANTATION FL 33324 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. eccutive. Director Addition TITLE ☐ Delete TITLE NAME SECUNDA, JAMES K NAME STREET ADDRESS STREET ADDRESS 6401 CARMEL ROAD, STE 204 CITY-ST-ZIP CITY-ST-7IP CHARLOTTE NO ☐ Change Addition ☐ Delete TITLE TITLE NAME SECUNDA, DEBORAH NAME STREET ADDRESS STREET ADDRESS 6401 CARMEL ROAD, STE 204 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NO ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SECUNDA, DAVID NAME 6401 CARMEL ROAD, STE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHARLOTTE NC ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME FENCL, MARY F NAME STREET ADDRESS STREET ADDRESS 6401 CARMEL ROAD, STE 204 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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