

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

DOCUMENT # 003203

1. Entity Name
WOOD-HOPKINS CONTRACTING COMPANY

02-01-2000 90074 033 ***150.00

Principal Place of Business Mailing Address
5200-77 CENTER DRIVE **5200-77 CENTER DRIVE**
SUITE 100 **SUITE 100**
CHARLOTTE NC 28217 **CHARLOTTE NC 28217**

911918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-0516010** Applied For Not Applicable

Zip Country Zip Country

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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, 2000 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 IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	DEAL, H. MAX	
STREET ADDRESS	5627 SHARON RD	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRESTON, JAMES Y	
STREET ADDRESS	2500 CHARLOTTE PLAZA	
CITY-ST-ZIP	CHARLOTTE NC 28244	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, O R GAN JR	
STREET ADDRESS	29 WENTWORTH ST	
CITY-ST-ZIP	CHARLESTON SC 29401	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	DUNN, ROBERT R	
STREET ADDRESS	5200-77 CENTER DR, STE 100	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Robert R. Dunn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **704-527-3336**