

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90349 039 ***150.00

DOCUMENT # F94000001364

1. Entity Name
W.F. MICKEY BODY CO., INC.

Principal Place of Business 1305 TRINITY AVENUE HIGH POINT NC 27260 US	Mailing Address P.O. BOX 2044 HIGH POINT NC 27261-2044
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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 **56-0512881**

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

**PETERSON, MARY
 601 NW 24TH CT
 Ocala FL 34475**

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, H. DEAN	NAME	
STREET ADDRESS	5251 RIVER RD.	STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN NC 27282	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPP, KENT	NAME	
STREET ADDRESS	1548 COLONIAL COUNTRY CLUB	STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE NC 27360	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, WAYNE	NAME	
STREET ADDRESS	1906 SAN FERNANDO	STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC 27262	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S DUNLAP, NANCY P	NAME	
STREET ADDRESS	615 E. STATE ST.	STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC 27262	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MICKEY, CARL F SR	NAME	
STREET ADDRESS	6641 MENDENHALL RD.	STREET ADDRESS	
CITY-ST-ZIP	ARCHDALE NC 27263	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **H. DEAN SINK** **4/25/00** **(336)882-6806**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)