

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90048 007 \*\*\*150.00

04/12/02 AI

**DOCUMENT # F94000001364**

1. Entity Name  
**MICKEY TRUCK BODIES, INC.**

Principal Place of Business  
**1305 TRINITY AVENUE  
 HIGH POINT NC 27260  
 US**

Mailing Address  
**P.O. BOX 2044  
 HIGH POINT NC 27261**



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

**MERRILL, SID A  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SINK, H. DEAN 5251 RIVER RD. JAMESTOWN NC 27282</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOPP, KENT H 6820 COLONIAL CLUB ROAD THOMASVILLE NC 27360</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHILDRESS, WAYNE 1771 SOUTHPOINT LANE NEW LONDON NC 28127</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC DUNLAP, NANCY P 615 E. STATE ST. HIGH POINT NC 27262</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHMN MICKEY, CARL F SR P.O. BOX 2044 HIGH POINT NC 27261</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MICKEY, CARL F JR 6340 MENDENHALL ROAD ARCHDALE NC 27263</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **3-4-02** **(336) 882-6806**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Gregory A. Fisher 3400 Terrault Dr Greensboro NC 2710	Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D Carolyn M. Sink 5251 River Rd Jamestown NC 27282	Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V James R. Hiatt 1685 Wallburg-High Point Rd High Point NC 27265	Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V William S. Brown 503 Woodland Rd Henderson NC 27536	Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Gregory P. McLaughlin 3933 Brandywine St High Point NC 27265	Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Charles R. Martin 3620 Westfield High Point NC 27260	Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V Thomas R. Campbell 124 Killingsworth Dr Cary NC 27511	Addition