2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State DOCUMENT # F9400003461 1. Entity Name BONEY ARCHITECTS, INC. 02-14-2000 90036 010 ***150.00 WITHNESTON MC 28419 Principal Place of Business Mailing Address 2528 INDEPENDANCE BLVD. 2528 INDEPENDANCE BLVD. SUITE 200 SUITE 200 WILMINGTON NC 28412-2437 WILMINGTON NC 28412 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. معارية والمراجعة والمعالي والمعاوية Applied For City & State 4. FEI Number City & State 56-1317458 Not Applicable Zip Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM 1 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 333247 32 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 \$5.00 May Be .10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CE₀ ☐ Change Delete TITLE **BONEY, PAUL DAVIS** NAME NAME STREET ADDRESS STREET ADDRESS 2528 INDEPENDENCE BLVD., SUITE 200 CITY-ST-ZIP CITY-ST-7IP WILMINGTON NC 28412 ☐ Change Addition Delete TITLE 17 70 BONEY, LESLIE'N JR. NAME NAME STREET ADDRESS 2528 INDEPENDENCE BLVD., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON NC 28412** ☐ Addition ☐ Change TITLE ☐ Delete BONEY, CHARLES H NAME NAME STREET ADDRESS 2528 INDEPENDENCE BLVD., SUITE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WILMINGTON NC 28412 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BONEY, CHARLES H JR. NAME NAME STREET ADDRESS 2528 INDEPENDENCE BLVD: SUITE-200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILMINGTON NC 28412 ☐ Change Addition TITLE □ Delete TITLE CLAYWELL, JACK NAME NAME STREET ADDRESS 2528 INDEPENDENCE BLVD., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILMINGTON NC 28412 ☐ Change ☐ Addition Delete . . . TITLE TITLE 18 18 18 IVES, SUE B NAME NAME STREET ADDRESS 2528 INDEPENDENCE BLVD., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WILMINGTON NC 28412**

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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

FILED

(910) 790-990