2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **F96000004292** RODGERS BUILDERS, INC. 05-08-2000 90202 003 ***150.00 Principal Place of Business Mailing Address PO BOX 18446 (28218) PO BOX 18446 (28218) 5701 NORTH SHARON AMITY ROAD 5701 NORTH SHARON AMITY ROAD **CHARLOTTE NC 28215-3984** CHARLOTTE NC 28215 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 56-0798195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 DATE 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE RODGERS, B.D. NAME NAME STREET ADDRESS STREET ADDRESS 5701 N. SHARON AMITY RD. CITY-ST-ZIP CITY-ST-ZIF CHARLOTTE NC 28215 ☐ Change Addition ☐ Defete TITLE RODGERS, PATRICIA A NAME NAME STREET ADDRESS 5701 N. SHARON AMITY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **CHARLOTTE NC 28215** Change ☐ Addition Defete TITLE TITLE DELLINGER, J. BENNETT III NAME NAME STREET ADDRESS 5701 N. SHARON AMITY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28215** Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 the empowered.

SIGNING OFFICER OF DIRECTOR

SIGNATURE:

BENNETT DELL'IMEN A HIX/OU 704.537-6=: