

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003864

1. Entity Name

BB&T INSURANCE SERVICES, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90119 035 ***150.00

Principal Place of Business

3605 GLENWOOD AVENUE
RALEIGH NC 27612

Mailing Address

3605 GLENWOOD AVENUE
RALEIGH NC 27612

609300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1623293

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2001 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 PD ☐ Delete
NAME REECE, H W
STREET ADDRESS 1919 REID STREET
CITY-ST-ZIP RALEIGH NC

TITLE VP COMPLIANCE OFFICER ☐ Change ☒ Addition
NAME SHEILA S. ELLER
STREET ADDRESS 2718 25TH AVENUE, N.E.
CITY-ST-ZIP HICKORY, NC 28601

TITLE S ☐ Delete
NAME HERRING, JERONE
STREET ADDRESS 201 HADLEY COURT
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST ☐ Delete
NAME PEELE, MARY
STREET ADDRESS 2115 BELLAIRE AVENUE
CITY-ST-ZIP RALEIGH NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REED, SCOTT E
STREET ADDRESS 3861 GUINEVERE LANE
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMSON, HENRY
STREET ADDRESS 4909 KNOBVIEW COURT
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARLEY, MORRIS
STREET ADDRESS 642 CAROLINA CIRCLE
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☐ Change ☐ 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:

Sheila S. Eller SHEILA S. ELLER

1-10-01

828-261-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)