

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90057 038 ***150.00

DOCUMENT # 823411

1. Entity Name

CEVESCO INC

Principal Place of Business

Mailing Address

**211 CAROLINE STREET
P.O. BOX 682
CAPE CANAVERAL FL 32920
US**

**1985 TATE BLVD. S.E.
P.O. BOX 2228
HICKORY NC 28603-2228**

2. Principal Place of Business

3. Mailing Address

1985 Tate Blvd, S.E.

Suite, Apt. #, etc.

PO Box 2228

City & State

City & State

Hickory, NC

Zip

Country

Zip

Country

28603

Catawba

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIRKINS, GEORGE H JR
211 CAROLINE STREET
CAPE CANAVERAL FL 32920**

Name

Curtis R. Mosley, Mosley & Wallis, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1221 East New Haven Avenue

City

Melbourne

FL

Zip Code

32901

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 ☐ Delete
NAME **P SHUFORD, HUNT-G C. HUNT**
STREET ADDRESS **1985 TATE BLVD SE**
CITY-ST-ZIP **HICKORY NC**

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

TITLE ☐ Delete
NAME **S MCINTOSH, JERRY R**
STREET ADDRESS **1985 TATE BLVD SE**
CITY-ST-ZIP **HICKORY NC 28602**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Hunt Shuford, Jr.

Date

4/4/01

Daytime Phone #

828-328-2141 Ext.

8500

CR2E034 (10/00)