

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90018 040 ***150.00

0921556 AT

DOCUMENT # 810432

1. Entity Name

INDUSTRIAL PIPING, INC.

Principal Place of Business

**800 CULP ROAD
 POB 518
 PINEVILLE NC 28134
 US**

Mailing Address

**800 CULP ROAD
 POB 518
 PINEVILLE NC 28134
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0578325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 ☐ Delete
 NAME **CTD**
 STREET ADDRESS **JONES, R L**
 CITY-ST-ZIP **6 BYRSONIMA CIRCLE
 HOMOSASSA FL 34446**

TITLE ☒ Change ☐ Addition
 NAME **Jones, R.L.**
 STREET ADDRESS **5635 AIA Unit 801**
 CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **JONES, M L**
 CITY-ST-ZIP **2740 HAMPTON AVENUE
 CHARLOTTE, NC 00000 28207**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **EDDLEMAN, L.W.**
 CITY-ST-ZIP **155 LAKELAND ROAD
 MOORESVILLE NC 28115**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **ROBERTS, MICHAEL B**
 CITY-ST-ZIP **1700 CAL BOST RD
 MIDLAND NC 28107**

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

TITLE ☐ Delete
 NAME **AT**
 STREET ADDRESS **SUMP, MICHAEL B**
 CITY-ST-ZIP **2732 VON THURINGER CT
 CHARLOTTE NC 28210**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

L.W. Eddleman **L.W. Eddleman** Secretary **2-25-02** **704-588-1100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)