

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817913

1. Entity Name

LOCKWOOD GREENE ENGINEERS INC

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90289 013 \*\*\*150.00

Principal Place of Business  
1500 INTERNATIONAL DRIVE  
PO BOX 6280  
SPARTANBURG SC 29304-280  
US

Mailing Address  
ATTN GINA BRIGHT 1500 INTERNATIONAL DR  
PO BOX 6280  
SPARTANBURG SC 29304-280  
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 13-0980060

Applied For

Not Applicable

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	STIDHAM, WENDELL	908 ACORN RIDGE PLACE	SPARTANBURG SC 29301	<input type="checkbox"/>
P	BRUNE, FRED M.	441 CARLETON CIRCLE	SPARTANBURG SC	<input type="checkbox"/>
V	SOWTER, KEVIN J.	233 MADISON AVENUE	MADISON, NJ 07940	<input checked="" type="checkbox"/>
VP	FOWLER, M. LANE	113 CINDER CREEK ROAD	SPARTANBURG SC	<input type="checkbox"/>
AT	HINDS, ROBERT C	420 MAPLE CROFT STREET	SPARTANBURG SC 29303	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Robert C. Hinds

Date

1/9/01

Daytime Phone #

(601) 578-2000

CR2E034 (10/00)