

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90162 043 ***150.00

DOCUMENT # 827271

1. Entity Name
CAPITOL PREMIUM PLAN, INC.

Principal Place of Business

ATTN: JOHN WOOLDRIDGE
P.O. BOX 35229
CHARLOTTE NC 28235

Mailing Address

ATTN: JOHN WOOLDRIDGE
P.O. BOX 35229
CHARLOTTE NC 28235

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

56-0691459

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

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 **PD** ☐ Delete
NAME **HEBERT, VERNON E.**
STREET ADDRESS **3816 LATROBE DR, STE C**
CITY-ST-ZIP **CHARLOTTE NC**

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

TITLE **TS** ☐ Delete
NAME **WOOLDRIDGE, JOHN R**
STREET ADDRESS **4425 RANDOLPH RD, STE 105**
CITY-ST-ZIP **CHARLOTTE NC**

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

TITLE **D** ☐ Delete
NAME **GORELICK, WILLIAM**
STREET ADDRESS **4425 RANDOLPH RD STE 204**
CITY-ST-ZIP **CHARLOTTE NC**

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

TITLE **D** ☐ Delete
NAME **GORELICK, SHELTON**
STREET ADDRESS **4425 RANDOLPH RD., STE 204**
CITY-ST-ZIP **CHARLOTTE NC**

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

TITLE **V** ☐ Delete
NAME **KRAJEWSKI, ALICE P.**
STREET ADDRESS **3816 LATROBE DR. STE C**
CITY-ST-ZIP **CHARLOTTE NC**

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

TITLE **VD** ☐ Delete
NAME **OCONNOR, TIMOTHY**
STREET ADDRESS **3816 LATROBE DR STE, C**
CITY-ST-ZIP **CHARLOTTE NC 28211**

TITLE **V** ☒ Change ☐ Addition
NAME **OConnor, Timothy**
STREET ADDRESS **3816 Latrobe Dr, Ste C**
CITY-ST-ZIP **Charlotte, NC 28211**

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 information.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

704-943-3147

Daytime Phone #

CR2E034 (9/01)