2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)								FILED Feb 26, 2002 8:00 am				
DOCUMENT # 835613							Secretary of State					
		COMPANY						02-26-2002 9				
Principal Place	e of Business	<u></u>	Mailing Address		<u>.</u> .							
862 RALEIGH P.O. BOX 204 GREENSBORG	ST. 187		862 RALEIGH ST. P.O. BOX 20487 GREENSBORO NC 27420						A JIHAN ARTAN AJĀRA	11811 F1811 1 1	AN 6.80 ISB	
2. Principal Pl												
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FE	El Number 56-0848474			plied For t Applicable	
Zip	ip Country		Zip Coun		try		5. Ce	ertificate of Status Desired		8.75 Addi e Required		
6. Name and Address of Current Registered Agent							7. Na	ame and Address of New Re	gistered Ag	ent		
WORMAN, ROBERT B 201 N PALMETTO AVE					Name Street Ad	dress (P	.O. Bo	ox Number is Not Acceptable)				
ORLANDO FL 32802					City				FL	Zip Code	,	
SIGNATURE .	Signature, typed	or printed name of registered agent a ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 2	TE: Registere	d Agent signatur IS \$150.0 will be \$55	e required v 0 50,00	vhen rein	nstating) 10. Election Campaign Fina Trust Fund Contribution	DATE		0 May Be to Fees	
(See criter	ria on back)		Make Check Paya		epartment	of State		TO SECURIOR TO SECU	SEDO AND E	IDECTOR	NIN 44	
11.	1	OFFICERS AND		12.	· I		ADD	DITIONS/CHANGES TO OFFIC		T Change	Addition	
TITLE NAME STREET ADDRESS: CITY-ST-ZIP	MADDUX 862 RALE		☐ Delete		1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHIS, 862 RALL	JAMES B., JR.	☐ Delete		1				[☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	S HANNAU =862-RALE	M, GEORGE	☐ Delete			-		-	[☐ Change	Addition	
TITLE NAME STREET ADDRESS	T MADDUX 862 RALI	EIGH ST.	☐ Delete	TITU NAM STR	E .				[Change	Addition	
TITLE NAME STREET ADDRESS	GREENS	TITI NAM STR	E	862	Ra	Coleman leigh Street	[Change	₹ Addition			
TITLE . NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITS NAM STR	E	Gre	ens	boro, NC	[Change	Addition	
13. I hereby of indicated of the cor	d on this repo rporation or t	rt or supplemental report is he receiver or trustee empo		for the exe t my signa ort as requ	emption state			19.07(3)(i), Florida Statutes. I egal effect as if made under o da Statutes; and that my name				

SIGNATURE: