

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 034 ***550.00

0138140 AT

DOCUMENT # 837351

1. Entity Name

C.P. BUCKNER STEEL ERECTION, INC.

Principal Place of Business

**4732 NC 54TH ST E
 GRAHAM NC 27253-7598
 US**

Mailing Address

**P.O. BOX 598
 GRAHAM NC 2725-3**

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

56-0961255

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

**NEWMAN, EDWARD
 100 NORTHWEST 37TH AVENUE
 MIAMI FL 33125**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDDIE	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM NC	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOUG	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM NC	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PATRICIA B. WILLIAMS	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM NC	
TITLE	DD	<input type="checkbox"/> Delete
NAME	PATRICIA B. WILLIAMS	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM NC	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TEW, KAREN	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen Tew* **SIGNATURE REQUIRED** *Karen Tew*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01
 Date

336-376-8888
 Daytime Phone #

CR2E034 (5/01)