

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839359

1. Entity Name

AMERICAN & EFIRD, INC.

Principal Place of Business

22 AMERICAN ST
MOUNT HOLLY NC 28120

Mailing Address

22 AMERICAN ST
MOUNT HOLLY NC 28120

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

56-0906552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, F A	
STREET ADDRESS	3671 SITERWOOD CIR	
CITY-ST-ZIP	GASTONIA NC	
TITLE	COB	<input type="checkbox"/> Delete
NAME	DICKSON, T W	
STREET ADDRESS	7318 THET FORT COURT	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, JL	
STREET ADDRESS	3628 RAINTREE DR	
CITY-ST-ZIP	GASTONIA NC 28054	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STOVER, C G	
STREET ADDRESS	1216 LOCHSHIRE LN	
CITY-ST-ZIP	GASTONIA NC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENSLEY, R L	
STREET ADDRESS	KILLIAN RD	
CITY-ST-ZIP	MT HOLLY NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, A. T.	
STREET ADDRESS	2633 RICHARDSON DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC.	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna E. Farris
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

01-11-01

Date

704-827-4311

Daytime Phone #

0089212

CR2E037 (10/00)