# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 02, 2000 8:00 am**
**Secretary of State**
08-02-2000 90154 038 ***550.00

DOCUMENT # 850382

1. Entity Name
CROWDER CONSTRUCTION COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 1123 EAST TENTH STREET<br>CHARLOTTE NC 28230 | P.O. BOX 30007<br>CHARLOTTE NC 28230 |

DO NOT WRITE IN THIS SPACE

| 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 56-0588260 ☐ 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<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 13, 2000 Min. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>CROWDER, OTIS A<br>301 GREENGATE LANE<br>CHARLOTTE NC 28211 | ☐ Delete | D<br>CHARLIE GREER<br>227 W. TRADE STREET, SUITE 1450<br>CHARLOTTE, NC 28202 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CROWDER, W. T JR<br>3032 BACK CREEK CHURCH RD.<br>CHARLOTTE NC 28213 | ☐ Delete | D<br>W. R. BONSAL III<br>610 MORGANTON ROAD<br>SOUTHERN PINES, NC 28387 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TUCKER, CANEY<br>10410 STONEMEDE LANE<br>MATTHEWS NC 28105 | ☐ Delete | T<br>LYNN L. HANSEN<br>2244 LAKE RIDGE DRIVE<br>BELMONT, NC 28012 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>FRANCIS, KARL S<br>106 SOUTH FORK DRIVE<br>BELMONT NC 28012 | ☐ Delete | S<br>KARL S. FRANCIS<br>106 SOUTH FORK DR.<br>BELMONT NC 28012 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>PRICE, KERRY K<br>9817 INDIAN TRAIL-FAIRVIEW ROAD<br>INDIAN TRAIL NC | ☒ Delete | V<br>CANEY TUCKER<br>10410 STONEMEDE LANE<br>MATTHEWS NC 28105 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** KARL S. FRANCIS KARL S. FRANCIS 7/26/00 704-348-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #