

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90069 045 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000000562				
1. Entity Name FIRST SOUTH DEVELOPMENT & INVESTMENT CORPORATION				
Principal Place of Business PO BOX 14280 GREENSBORO NC 27415		Mailing Address PO BOX 14280 GREENSBORO NC 27415		
2. Principal Place of Business 1892 Trox St.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Greensboro, NC		City & State		4. FEI Number 56-1601267
Zip 27406	Country USA	Zip	Country	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
STOVER, WILLIAM T 92140 US HWY 1, SUITE 11 VAUGHN BUILDING TAVERNIER FL 33070		Name William T. Stover		
		Street Address (P.O. Box Number is Not Acceptable) 1001 NW 62nd St.		
		Suite 305		
		City Ft. Lauderdale	FL	Zip Code 33309
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 <u>William T. Stover</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		
		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>		
11. OFFICERS AND DIRECTORS				
TITLE	PC <input type="checkbox"/> Delete	TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOVER, WILLIAM T	NAME	Stover, William T.	
STREET ADDRESS	2401-A MONTREAL AVENUE	STREET ADDRESS	1892 Trox Street	
CITY-ST-ZIP	GREENSBORO NC 27406	CITY-ST-ZIP	Greensboro, NC 27406	
TITLE	AS <input type="checkbox"/> Delete	TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELL, MYRA M	NAME	Pell, Myra M.	
STREET ADDRESS	2401-A MONTREAL AVENUE	STREET ADDRESS	1892 Trox Street	
CITY-ST-ZIP	GREENSBORO NC 27406	CITY-ST-ZIP	Greensboro, NC 27406	
TITLE	TS <input type="checkbox"/> Delete	TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOTT, JEFFREY L	NAME	Mott, Jeffrey L.	
STREET ADDRESS	2401-A MONTREAL AVENUE	STREET ADDRESS	1892 Trox Street	
CITY-ST-ZIP	GREENSBORO NC 27406	CITY-ST-ZIP	Greensboro, NC 27406	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: <u>Myra M. Pell</u>		Myra M. Pell, Asst. Secretary <u>1/5/01</u> <u>336-273-8175</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		

CR2E034 (10/00)