

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90012 001 ***550.00

01332389 AT

DOCUMENT # F00000004368

1. Entity Name

PREMIER WAREHOUSING SERVICES, INC.

Principal Place of Business

**3801 SUNSET AVENUE
 ROCKY MOUNT NC 27804**

Mailing Address

**PO BOX 7927
 ROCKY MOUNT NC 27804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1993091**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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	JONES II, WILLIAM H	
STREET ADDRESS	3801 SUNSET AVENUE	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BAYLESS, KIM L	
STREET ADDRESS	3801 SUNSET AVENUE	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, GEORGE T	
STREET ADDRESS	3801 SUNSET AVENUE	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PUCKETT, BRIAN L	
STREET ADDRESS	3801 SUNSET AVENUE	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PITTMAN, JAMES D	
STREET ADDRESS	3801 SUNSET AVENUE	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BAYLESS, KIM L	
STREET ADDRESS	3801 SUNSET AVENUE	
CITY-ST-ZIP	ROCKY MOUNT NC	

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		
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CITY-ST-ZIP		
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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:

Kim L. Bayless

Date

Daytime Phone #

7-20-01 (252) 937-4877

CR2E034 (5/01)