

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000004446****1. Entity Name**
HRXCEL, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91312 008 ***150.00

Principal Place of Business
6 LAKEPOINT PLAZA
2725 WATER RIDGE DR., STE 300
CHARLOTTE NC 28217**Mailing Address**
6 LAKEPOINT PLAZA
2725 WATER RIDGE DR., STE 300
CHARLOTTE NC 28217**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 58-2536876Applied 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****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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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	<input type="checkbox"/> Delete
	PD	WIEBUSCH, TODD D	2725 WATER RIDGE DR. CHARLOTTE NC	<input type="checkbox"/>
	T	CAMPBELL, ALAN	2725 WATER RIDGE DR. CHARLOTTE NC	<input type="checkbox"/>
	VD	BROWN, MIKE	2725 WATER RIDGE DR. CHARLOTTE NC	<input type="checkbox"/>
	VD	SHERIDAN, BARBARA	2725 WATER RIDGE DR. CHARLOTTE NC	<input type="checkbox"/>
	S	HOBBS, PHYLLIS E	2725 WATER RIDGE DR. CHARLOTTE NC	<input checked="" type="checkbox"/>
	D	SOBEL, STEVE	2725 WATER RIDGE DR. CHARLOTTE NC	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	S	Cynthia D. Freeman	2725 Water Ridge Dr. Charlotte, NC 28217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

Daytime Phone #