

2001 UNIFORM BUSINESS REPORT (UBR)

04-19-2001-90061 015 ***150.00

F00000007022

DOCUMENT #

F00000007022

1. Entity Name

HANDEX OF THE CAROLINAS, INC.

Principal Place of Business

3600-G WOODPARK BLVD.
CHARLOTTE, NC 28206-4222

Mailing Address

30941 SUNEAGLE DR.
MT. DORA, FL 32757

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

62-1474209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM E. TABOR, JR.
30941 SUNEAGLE DR.
MT. DORA, FL 32757

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C ROGER EATMAN 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GEORGE BANNON 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ ASSISTANT SECRETARY BRIAN RICHARDS 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ ASSISTANT SECRETARY DAN WOLF 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM E. TABOR, JR. 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM P. MULLINS 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. TABOR, JR., SECRETARY 02/02/01

Date

Daytime Phone #

FILED
01 APR 20 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
C0049136

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Attachment Doc # F00000007022

HANDEX OF THE CAROLINAS, INC.
OFFICER AND DIRECTOR LIST CONT.

C0049136

ASSISTANT SECRETARY
ALEX CVERCKO
30941 SUNEAGLE DR.
MT. DORA, FL 32757



HANDEX®