

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90645 040 ***150.00

DOCUMENT # F01000002452

1. Entity Name
SUNSTATES MAINTENANCE CORP.

Principal Place of Business

3400 C.W. WENDOVER AVE.
GREENSBORO NC 27407

Mailing Address

3400 C W WENDOVER AVE.
GREENSBORO NC 27407

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-1104889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLOSKEY, BILL
3700 GEORGIA AVE.
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Bill McCloskey

Street Address (P.O. Box Number is Not Acceptable)

2400 Centrepark West Drive, Suite 175

City

West Palm Beach

FL

Zip Code
33409

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, 2002 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 **P** ☐ Delete
NAME **HOWLER, RICHARD K**
STREET ADDRESS **3400 C W WENDOVER AVE.**
CITY-ST-ZIP **GREENSBORO NC 27407**

TITLE **V** ☐ Delete
NAME **JENKINS, ROBERT**
STREET ADDRESS **3400 C W WENDOVER AVE.**
CITY-ST-ZIP **GREENSBORO NC 27407**

TITLE **ST** ☐ Delete
NAME **CRABTREE, GRETCHEN**
STREET ADDRESS **3400 C W WENDOVER AVE.**
CITY-ST-ZIP **GREENSBORO NC 27407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

336 294 9411

CR2E034 (9/01)