

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

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

7. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

10/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Secretary/Treasurer
NAME Jones, Jr., Thomas A
STREET ADDRESS 3400 C W WENDOVER AVE.
CITY-ST-ZIP Greensboro, NC 27407 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas A. Jones Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03
Date

(336) 294-9411
Daytime Phone #

CR2E034 (4/03)

01.3101 AR