

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F03000005566

Entity Name: COX & SCHEPP, INC.

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2410 DUNAVANT STREET  
CHARLOTTE, NC 28203

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 36884  
CHARLOTTE, NC 28236

**New Mailing Address:**

FEI Number: 56-2275072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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: JANICE NULL, O/B/O INCORP SERVICES, INC.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COX, ROBERT ANDREW  
Address: 1833 LAWTON BLUFF ROAD  
City-St-Zip: CHARLOTTE, NC 28226

Title: V ( ) Delete  
Name: SCHEPP, JAMES P JR  
Address: 1221 RUTLEDGE AVENUE  
City-St-Zip: CHARLOTTE, NC 28211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COX, ROBERT A  
Address: 1833 LAWTON BLUFF ROAD  
City-St-Zip: CHARLOTTE, NC 28226

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. COX

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date