

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000337

1. Entity Name

THE CONTRACTOR YARD, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90111 039 ***150.00

Principal Place of Business

Mailing Address

PO BOX 1111
NORTH WILKESBORO NC 28656-0001

PO BOX 1111
NORTH WILKESBORO NC 28656-0001

2. Principal Place of Business

1605 Curtis Bridge Road

Suite, Apt. #, etc.

3. Mailing Address

1605 Curtis Bridge Road

Suite, Apt. #, etc.

City & State

Wilkesboro NC

City & State

Wilkesboro NC

4. FEI Number

56-1854746

Applied For

Not Applicable

Zip

28697

Country

USA

Zip

28697

Country

USA

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, 2000 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 D ☒ Delete

NAME STRICKLAND, ROBERT L
STREET ADDRESS 226 N. STRATFORD ROAD
CITY-ST-ZIP WINSTON-SALEM NC 27104

TITLE D ☒ Delete

NAME HERRING, LEONARD G
STREET ADDRESS 310 COFFEY STREET
CITY-ST-ZIP NORTH WILKESBORO NC

TITLE V ☐ Delete

NAME IRONS, WILLIAM L
STREET ADDRESS 1508 IVY TRACE
CITY-ST-ZIP WILKESBORO NC 28697

TITLE V ☐ Delete

NAME MITCHELL, W N
STREET ADDRESS ROUTE 4, BOX 105
CITY-ST-ZIP WILKESBORO NC 28697

TITLE VT ☐ Delete

NAME CROOM, MARSHALL A
STREET ADDRESS 3438 TANGLEBROOK TR
CITY-ST-ZIP CLEMMONS NC 27102

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIPIC ☐ Change ☒ Addition

NAME Robert L. Tillman
STREET ADDRESS 2154 Buckeye Court
CITY-ST-ZIP Wilkesboro, NC 28697

TITLE DIV ☐ Change ☒ Addition

NAME Larry D. Stone
STREET ADDRESS 1195 Elledge Mill Road
CITY-ST-ZIP North Wilkesboro, NC 28659

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VID ☐ Change ☒ Addition

NAME William C. Warden, Jr.
STREET ADDRESS 173 Sandwedge Road
CITY-ST-ZIP Wilkesboro, NC 28697

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:

Marshall A. Croom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/00

Daytime Phone #

(336) 658-2278

CR2E034 (9/99)