

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90006 024 ***550.00

0137668 AB

DOCUMENT # F94000000538

1. Entity Name
OLD DOMINION BOX COMPANY, INC.

Principal Place of Business
P.O. BOX 680
LYNCHBURG VA 24505

Mailing Address
P.O. BOX 680
LYNCHBURG VA 24505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-0324790**

Applied For
 Not Applicable

Zip Country

Zip Country

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

SHELLABARGER, DONALD E
8806 VENTURE COVE
TEMPLE TERRACE FL 33637

Name **Gary F. Williams**

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

8806 Venture Cove

City **Temple Terrace** **FL** Zip Code **33637**

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 *Gary F. Williams*

Gary F. Williams

7-9-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **BUHLER, FRANK H.**
 CITY-ST-ZIP **3124 SEDGEWICK DR.**
LYNCHBURG VA

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BUHLER, JEANNE O**
 CITY-ST-ZIP **3124 SEDGEWICK DR.**
LYNCHBURG VA 24503

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FRANCIS, R. LEWIS**
 CITY-ST-ZIP **565 WINFALL RD**
GLADYS VA 24554

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

TITLE ☐ Delete
 NAME **VPA**
 STREET ADDRESS **LANKFORD, T. WAYNE**
 CITY-ST-ZIP **13 LAKESIDE DR.**
LYNCHBURG VA

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BALDWIN, BERNARD C III**
 CITY-ST-ZIP **408 TRENTS FERRY RD.**
LYNCHBURG VA 24503

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

TITLE ☐ Delete
 NAME **VPM**
 STREET ADDRESS **BUHLER, AMY S.**
 CITY-ST-ZIP **5101 INGLEWOOD RD**
LYNCHBURG VA 24503

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: *T. Wayne Lankford*
T. Wayne Lankford
ADMIN. ASST. SEC. - TREAS. **7-3-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)