

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000712 (9)

1. Corporation Name

UNITED BUILDING CONTRACTORS, INC.



Principal Place of Business

Mailing Address

600 LEXINGTON AVE
CHARLOTTE NC 28203
US

600 LEXINGTON AVE
CHARLOTTE NC 28203
US

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 4401 COLWICK RD

25 4401 COLWICK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 400

27 SUITE 400

City & State

City & State

23 CHARLOTTE NC

28 CHARLOTTE, NC

Zip

Country

Zip

Country

24 28211

25 MECKLENBURG

29 28211

30 MECKLENBURG

4. FEI Number

56-1792664

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MYERS, JIM
STREET ADDRESS 2846-A FREEDOM DR
CITY- ST- ZIP CHARLOTTE NC

TITLE V ☐ DELETE

NAME KING, DOUGLAS
STREET ADDRESS 2626 DALEVIEW DR.
CITY- ST- ZIP CHARLOTTE NC 28215

TITLE T ☒ DELETE

NAME SLOBDSINSKI, PETE
STREET ADDRESS 6308 WHITEWATER DR.
CITY- ST- ZIP CHARLOTTE NC 28215

TITLE S ☒ DELETE

NAME GOODWIN, JAY
STREET ADDRESS 4728 ELDER AVE.
CITY- ST- ZIP CHARLOTTE NC 28205

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

SECRETARY/TREASURER
ANDRES REYES
4401 COLWICK RD, SUITE 400
CHARLOTTE, NC 28211

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

704 442 0130

CR2E034 (12/95)