

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002026

1. Entity Name

LED FORD SALES CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90090 010 ***150.00

Principal Place of Business

Mailing Address

PO BOX 2563
HIGH POINT NC 27264

PO BOX 2563
HIGH POINT NC 27261-2563

00040241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1417 Boulder Ct.

Suite, Apt. #, etc.

NA

City & State

Greensboro, NC

3. Mailing Address

P.O. Drawer 1889

Suite, Apt. #, etc.

NA

City & State

Jamestown, NC

4. FEI Number 56-1284708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

NA

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

TITLE ☐ Delete

NAME PD
LED FORD, CHARLES W JR
STREET ADDRESS 5637 EVELYN VIEW DRIVE
CITY-ST-ZIP ARCHDALE NC 27263

TITLE ☐ Delete

NAME V
LED FORD, HENRY F
STREET ADDRESS 5637 EVELYN VIEW DRIVE
CITY-ST-ZIP ARCHDALE NC 27263

TITLE ☐ Delete

NAME S
LED FORD, SALLYE L
STREET ADDRESS 5637 EVELYN VIEW DRIVE
CITY-ST-ZIP ARCHDALE NC 27263

TITLE ☐ Delete

NAME T
LED FORD, MICHAEL D
STREET ADDRESS 5637 EVELYN VIEW DRIVE
CITY-ST-ZIP ARCHDALE NC 27263

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME same
STREET ADDRESS 1417 Boulder Ct.
CITY-ST-ZIP Greensboro, NC 27409

TITLE ☒ Change ☐ Addition

NAME same
STREET ADDRESS 1417 Boulder Ct.
CITY-ST-ZIP Greensboro, NC 27409

TITLE ☒ Change ☐ Addition

NAME same
STREET ADDRESS 1417 Boulder Ct.
CITY-ST-ZIP Greensboro, NC 27409

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Charles W. Ledford Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00
Date

(336) 431-6969
Daytime Phone #