

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002027

1. Entity Name

LED FORD MEDICAL ELECTRONICS, INC.

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

04-27-2000 90102 006 ***150.00

Principal Place of Business

Mailing Address

5637 EVELYN VIEW DRIVE
ARCHDALE NC 27263

5637 EVELYN VIEW DRIVE
ARCHDALE NC 27263-7526

2. Principal Place of Business

1417 Boulder Ct.

3. Mailing Address

P.O. Drawer 1889

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA

NA

City & State

City & State

Greensboro, NC

Jamestown, NC

Zip

Country

Zip

Country

27409

U.S.

27282

U.S.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LED FORD, CHARLES W SR	
STREET ADDRESS	5637 EVELYN VIEW DRIVE	
CITY-ST-ZIP	ARCHDALE NC 27263	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LED FORD, MICHAEL D	
STREET ADDRESS	5637 EVELYN VIEW DRIVE	
CITY-ST-ZIP	ARCHDALE NC 27263	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LED FORD, CHARLES W JR	
STREET ADDRESS	5637 EVELYN VIEW DRIVE	
CITY-ST-ZIP	ARCHDALE NC 27263	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LED FORD, SARA D	
STREET ADDRESS	5637 EVELYN VIEW DRIVE	
CITY-ST-ZIP	ARCHDALE NC 27263	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, SALLYE L	
STREET ADDRESS	5637 EVELYN VIEW DRIVE	
CITY-ST-ZIP	ARCHDALE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	LED FORD, LYNNE	
STREET ADDRESS	5637 EVELYN VIEW DRIVE	
CITY-ST-ZIP	ARCHDALE NC 27263	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LED FORD, MICHAEL D	
STREET ADDRESS	1417 Boulder Ct.	
CITY-ST-ZIP	Greensboro, NC-27409	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LED FORD, CHARLES W JR	
STREET ADDRESS	1417 Boulder Ct.	
CITY-ST-ZIP	Greensboro, NC-27409	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LED FORD, SARA D	
STREET ADDRESS	1417 Boulder Ct. L.A.E	
CITY-ST-ZIP	Greensboro, NC-27409	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, SALLYE L	
STREET ADDRESS	1417 Boulder Ct.	
CITY-ST-ZIP	Greensboro, NC-27409	
TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	1417 Boulder Ct.	
CITY-ST-ZIP	Greensboro, NC-27409	

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

Charles W. Ledford Jr.

Date

Daytime Phone #

(336) 431-6969