

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90399 022 ***150.00

DOCUMENT # F95000000152

1. Entity Name

BON WORTH



DO NOT WRITE IN THIS SPACE

44030529

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P O BOX 2890

Suite, Apt. #, etc.

3. Mailing Address
P O BOX 2890

Suite, Apt. #, etc.

City & State
HENDERSONVILLE, NC

Zip
28793

Country
USA

City & State
HENDERSONVILLE, NC

Zip
28793

Country
USA

4. FEI Number
56-0963664

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name POELTLER, JENNIFER

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

3280 TAMiami TRAIL

City PT CHARLOTTE

FL Zip Code
33952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PDC
WELLS, LOREN
2100 W. SAN MARCELO #170
BROWNSVILLE, TX 78520

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
WADE, GENE
PO BOX 2890
HENDERSONVILLE, NC 28793

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
HALE, BILL
1100 LUGANE DRIVE
HENDERSONVILLE, NC 27891

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

828 697 2216

Daytime Phone #

CR2E034B (12/02)