

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000001150**

1. Entity Name

FORSHAW DISTRIBUTION, INC.**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90432 044 ***150.00

Principal Place of Business

**650 STATE ST
CHARLOTTE NC 28208**

Mailing Address

**650 STATE ST
CHARLOTTE NC 28208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1528617**

Applied For

Not Applicable

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

**CRUM EWING, DAVID C
815-A NW 25TH AVE
OCALA FL 34475**Name **RONALD L. HOLLER**Street Address (P.O. Box Number is Not Acceptable)
815-A NW 25TH AVE.City **OCALA** **FL** Zip Code **34475**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|------------|----------------------------|--|--|
| | C | FORSHAW, THOMAS JR | 650 STATE ST CHARLOTTE NC 28208 | <input checked="" type="checkbox"/> |
| | VCP | FORSHAW, THOMAS III | 650 STATE ST CHARLOTTE NC 28208 | <input type="checkbox"/> |
| | VD | FORSHAW, JAMES R | 650 STATE ST CHARLOTTE NC 28208 | <input type="checkbox"/> |
| | T | TRACY, JAMES F | 650 STATE ST CHARLOTTE NC 28208 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. TRACY **3-26-01 (704) 372-6790**

Date

Daytime Phone #

CR2E034 (10/00)