

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002294

1. Entity Name

FIRST SOUTH UTILITY CONSTRUCTION, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 017 ***150.00

0014417

Principal Place of Business

Mailing Address

P.O. BOX 14280
GREENSBORO NC 27415

P.O. BOX 14280
GREENSBORO NC 27415

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

56-1812765

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

~~STOVER, WILLIAM T~~
~~92140 US HWY. 1, SUITE 11~~
~~TAVERNIER FL 33070~~

Name

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, 2001 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 ☐ Delete
NAME C
STREET ADDRESS STOVER, WILLIAM T
CITY-ST-ZIP 151 DUBONNET ROAD
TAVERNIER FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DP
STREET ADDRESS JONES, ROBERT A
CITY-ST-ZIP 2401-A MONTREAL AVE.
GREENSBORO NC 27406

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1892 Trox Street
CITY-ST-ZIP Greensboro, NC 27406

TITLE ☐ Delete
NAME V
STREET ADDRESS HAYES, BAXTER
CITY-ST-ZIP 2401 A MONTREAL AVE
GREENSBORO NC 27406

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1892 Trox Street
CITY-ST-ZIP Greensboro, NC 27406

TITLE ☐ Delete
NAME T
STREET ADDRESS MOTT, JEFFREY L
CITY-ST-ZIP 2401 A MONTREAL AVE
GREENSBORO NC 27406

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1892 Trox Street
CITY-ST-ZIP Greensboro, NC 27406

TITLE ☐ Delete
NAME V
STREET ADDRESS MCCRAW, DENNY
CITY-ST-ZIP 2401 A MONTREAL AVE
GREENSBORO NC 27406

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1892 Trox Street
CITY-ST-ZIP Greensboro, NC 27406

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L MOTT, CFO

Date

3/23/01

Daytime Phone #

336 2738175

CR2E034 (10/00)