

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005620

1. Entity Name

MID-SOUTH CONSULTING ENGINEERS, INC.

Principal Place of Business

Mailing Address

3901 ROSE LAKE DR.  
CHARLOTTE NC 28217

3901 ROSE LAKE DR  
CHARLOTTE NC 28217-2836  
US

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

56-0714172

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

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

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, 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 ☐ Delete  
NAME WILLIAMS, JOEL O  
STREET ADDRESS 327 HAWKS MOOR CT  
CITY-ST-ZIP CHARLOTTE NC 28262

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

TITLE VD ☐ Delete  
NAME BERRY, SAMUEL C  
STREET ADDRESS 3032 SADLER RD.  
CITY-ST-ZIP CHARLOTTE NC 28208

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

TITLE V ☐ Delete  
NAME THAXTON, DENNIS E  
STREET ADDRESS 8108 STONEMILL CT.  
CITY-ST-ZIP CHARLOTTE NC 28226

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

TITLE VD ☐ Delete  
NAME PAYNE, ROBERT T  
STREET ADDRESS 1808 CLOISTER DR  
CITY-ST-ZIP CHARLOTTE NC 28211

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

TITLE V ☐ Delete  
NAME HUNT, DAVID N  
STREET ADDRESS 9524 WHIE HEMLOCK LANE  
CITY-ST-ZIP CHARLOTTE NC 28270

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

TITLE S ☐ Delete  
NAME FOWLER, JOY P  
STREET ADDRESS 2703 NEW HAMLIN WAY  
CITY-ST-ZIP CHARLOTTE NC 28210

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 full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOEL O. WILLIAMS 4/28/00 704-357-0004