

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005620

1. Entity Name

MID-SOUTH CONSULTING ENGINEERS, INC.

Principal Place of Business

3901 ROSE LAKE DR.
CHARLOTTE NC 28217

Mailing Address

3901 ROSE LAKE DR
CHARLOTTE NC 28217
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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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

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

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

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

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

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:

David N. Hunt David N. Hunt

3/15/01

704/357-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

044108

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90499 005 ***150.00

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DO NOT WRITE IN THIS SPACE