

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90713 037 ***150.00

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

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. 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 **4412 MT- OLIVE CHURCH ROAD**
CITY-ST-ZIP **CHARLOTTE NC 28278**

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

TITLE **V** ☐ Delete
NAME **THAXTON, DENNIS E**
STREET ADDRESS **9500 MITCHELL GLEN DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28277**

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

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

JOEL O WILLIAMS
JOEL O WILLIAMS

3/14/03

764-357-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)