

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90070 024 ***150.00

UNIFORM AT

DOCUMENT # F96000003226

1. Entity Name
THE QUAKER AGENCY OF THE SOUTH, INC.

Principal Place of Business Mailing Address
120 GREENWICH RD. 120 GREENWICH RD.
CHARLOTTE NC 28211 CHARLOTTE NC 28211

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 **56-1559982** 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

MATTHEWS, DANA C
607 HWY 98 E.
DESTIN FL 32541

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	POC	<input type="checkbox"/> Delete
NAME	WALSH, FRANK M	
STREET ADDRESS	120 GREENWICH RD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SANDERS, DOUGLAS J	
STREET ADDRESS	120 GREENWICH RD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SANDERS, DOUGLAS J	
STREET ADDRESS	120 GREENWICH RD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SECOR, JUDITH W	
STREET ADDRESS	120 GREENWICH RD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKAIG, A S III	
STREET ADDRESS	219 GREENWICH RD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 2/13/02 704 365-6101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)