

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90151 045 ***150.00

DOCUMENT # F96000003226

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



Principal Place of Business
**120 GREENWICH RD.
CHARLOTTE NC 28211**

Mailing Address
**120 GREENWICH RD.
CHARLOTTE NC 28211**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1559982**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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, 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 **704-365-6101** **201**
Date Daytime Phone #