

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90015 041 \*\*\*550.00

**DOCUMENT # F96000004398**

1. Entity Name

**ARROWHEAD INDUSTRIAL SERVICES, INC.**

Principal Place of Business

**PO BOX 1000  
 GRAHAM NC 27253**

Mailing Address

**PO BOX 1000  
 GRAHAM NC 27253**

2. Principal Place of Business

**3537 South NC 119**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Graham, NC**

City & State

4. FEI Number **22-1757451**

Applied For

Not Applicable

Zip

**27253**

Country

**USA**

Zip

Country

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **PDC** ☐ Delete  
 NAME **VASSALLO, THOMAS F**  
 STREET ADDRESS **18 COLONIAL WOODS DR.**  
 CITY-ST-ZIP **WEST ORANGE NJ 07052**

TITLE **STD** ☐ Delete  
 NAME **VASSALLO, MARY L**  
 STREET ADDRESS **18 COLONIAL WOODS DR.**  
 CITY-ST-ZIP **WEST ORANGE NJ 07052**

TITLE **VDC** ☐ Delete  
 NAME **VASSALLO, JOHN P**  
 STREET ADDRESS **3026 TRUITT DR.**  
 CITY-ST-ZIP **BURLINGTON NC 27215**

TITLE **VP** ☐ Delete  
 NAME **HERBERT, REGINA**  
 STREET ADDRESS **5912 CHESTNUT OAK DRIVE**  
 CITY-ST-ZIP **MEHANE NC**

TITLE **VP** ☐ Delete  
 NAME **Wilson, Ralph G.**  
 STREET ADDRESS **2616 Saddle Club Dr.**  
 CITY-ST-ZIP **Burlington, NC 27215**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3220 Quinn Drive**  
 CITY-ST-ZIP **Wilson, NC 27896**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3027 Maple Ave., J4**  
 CITY-ST-ZIP **Burlington, NC 27215**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2023 Shirley Dr.**  
 CITY-ST-ZIP **Burlington, NC 27215**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **Mebane, NC 27302**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS

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 **Regina E. Herbert, VP**

7-11-01

336-578-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0133141 AT

CR2E034 (5/01)