

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005120

1. Entity Name

RJR SALES CO.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90123 014 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 2959
TAX 20601 GCP
WINSTON-SALEM NC 27102
US

P.O. BOX 2959
WINSTON SALEM NC 27102-2959

2. Principal Place of Business

Rt. 4, Baltimore Road

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2959

Suite, Apt. #, etc.
Tax 20601 GCP

City & State
Advance, NC 27006-9405

City & State
Winston-Salem, NC

Zip Country

Zip Country

27102-2959

4. FEI Number 56-1813192

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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 ☐ Delete
NAME CROSS, RICHARD E
STREET ADDRESS 401 N MAIN STREET
CITY-ST-ZIP WINSTON SALEM NC

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

TITLE VS ☐ Delete
NAME MCKINNEY, JUDY R
STREET ADDRESS 401 N MAIN STREET
CITY-ST-ZIP WINSTON SALEM NC

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

TITLE TD ☐ Delete
NAME ALDRIDGE, BARBARA J
STREET ADDRESS 401 N MAIN STREET
CITY-ST-ZIP WINSTON SALEM NY 27102

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

TITLE AS ☐ Delete
NAME PETREE, GEORGE C
STREET ADDRESS 401 N MAIN STREET
CITY-ST-ZIP WINSTON-SALEM NC 27102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

George C. Petree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George C. Petree 4/25/00 (336) 741-3674

Date

Daytime Phone #

CR2E034 (9/99)