## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F96000006836** Apr 21, 2000 8:00 am Secretary of State FREIGHT HANDLERS, INC. 04-21-2000 90172 022 \*\*\*150.00 Principal Place of Business Mailing Address 1224 E ACADEMY ST PO BOX 546 FUQUAY-VARINA NC 27526-0546 FUQUAY-VARINA NC 27526 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 56-1741462 Not Applicable Żip Zip Country \$8.75 Additional П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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. 有有強力 机建筑工作 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Flection Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Addition □ Detete TITLE Change TITLE Vice President-Operations WALL, CHARLES W NAME NAME Jeff Newton STREET ADDRESS 1224 E ACADEMY ST STREET ADDRESS 1224 E Academy St CITY-ST-ZIP CITY-ST-ZIP **FUQUAY-VARINA NC 27526** <del>Fuguay Varina, NC 27526</del> TITLE Change Addition ☐ Delete TITLE Vice President-Finance WALL, CHARLES W NAME NAME Tal Wall 1224 E ACADEMY ST STREET ADDRESS STREET ADDRESS 1224 E Academy St, Fuguay Varina NC 27526 CITY-ST-7IP **FUQUAY-VARINA NC 27526** CITY-ST-ZIP DP\_\_\_\_\_ Vice President-Bus: Dvlpmt. - Change TITLE ----Delete . TITLE WALL, JAYNE E NAME NAME Cliff Overman STREET ADDRESS 1224 E ACADEMY ST STREET ADDRESS 1224 E Academy St CITY-ST-ZIP CITY-ST-7IP **FUQUAY-VARINA NC 27526** Fuguay-Varina, NC 27526 Change X Addition ☐ Delete TITLE TITLE Vice-President-Logistics SNIPES, RUSSELL G NAME NAME Rick Wiggins STREET ADDRESS STREET ADDRESS 1224 E ACADEMY ST 1224 E Academy St CITY-ST-ZIP CITY-ST-ZIP **FUQUAY-VARINA NC 27526** Fuguay-Varina, NC 27526 ☐ Addition ☐ Change Delete TITLE SNIPES, FRANCES C NAME STREET ADDRESS STREET ADDRESS 1224 E ACADEMY ST CITY-ST-ZIP CITY-ST-ZIF **FUQUAY-VARINA NC 27526** TITLE ☐ Change ☐ Addition TITLE ☐ Delete MEIERHOEFER, ERIC NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

1224 E ACADEMY ST

**FUQUAY VARINA NC** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

(919) 552 3157

FILED