

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003606

1. Entity Name

EFFICY GROUP, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90051 012 ***150.00

Principal Place of Business

Mailing Address

16 HYLAND RD
STE D
GREENVILLE SC 29615

16 HYLAND RD
STE D
GREENVILLE SC 29615-5756

2. Principal Place of Business

3. Mailing Address

16 Hyland Rd.

16 Hyland Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. D

St. D

City & State

City & State

Greenville SC

Greenville SC

Zip

Country

Zip

Country

29615

Greenville

29615

Greenville

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
NAME SHORTER, BARNEY R
STREET ADDRESS 403 WOODS LAKE RD., STE 140
CITY-ST-ZIP GREENVILLE SC 29615
☐ Delete

TITLE Chief Operating Officer & D
NAME John Wehlitz
STREET ADDRESS 16 Hyland Rd. St. D
CITY-ST-ZIP Greenville SC 29615
☐ Change ☒ Addition

TITLE V
NAME LANGLEY, CHRIS
STREET ADDRESS 403 WOODS LAKE RD., STE 140
CITY-ST-ZIP GREENVILLE SC 29615
☐ Delete

TITLE Vice President Operations
NAME Beckley Stringer
STREET ADDRESS 16 Hyland Rd., Ste D
CITY-ST-ZIP Greenville SC 29615
☐ Change ☒ Addition

TITLE CFO
NAME QUALLS, DOUG
STREET ADDRESS 16 HYLAND RD. STE D
CITY-ST-ZIP GREENVILLE SC 29615
☐ Delete

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

TITLE D
NAME HILL, JAMES A DR
STREET ADDRESS 40 POINTE CIR
CITY-ST-ZIP GREENVILLE SC 29615
☐ Delete

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

TITLE S
NAME DAVIS, KAYE
STREET ADDRESS 403 WOODS LAKE RD., SUITE 140
CITY-ST-ZIP GREENVILLE SC 29607 29615
☐ Delete

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

TITLE T
NAME GILL, CHERYL
STREET ADDRESS 403 WOODS LAKE RD., SUITE 140
CITY-ST-ZIP GREENVILLE SC 29607 29615
☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kaye Davis, Secretary

1-18-2000

(864)675-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)