

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90562 001 \*\*\*450.00

**DOCUMENT # F97000004020**

**1. Entity Name**  
**NITRO ELECTRIC COMPANY**

**Principal Place of Business**  
**1-64 AND RTE 25, PO BOX 425**  
**NITRO WV 25143**

**Mailing Address**  
**2076 WEST PARK PLACE**  
**STONE MOUNTAIN GA 33087**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**500 Teays Corporate Center**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Scott Depot, WV**

Zip

**25560**

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**55-0753070**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 SO PINE ISLAND RD**  
**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 \$150.00**  
**After May 1, 2002 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**

**TITLE** **D** ☐ Delete  
**NAME** **WILLIAMS, J M JR**  
**STREET ADDRESS** **2076 WEST PARK PLACE**  
**CITY-ST-ZIP** **STONE MOUNTAIN GA 33087**

**TITLE** **D** ☐ Delete  
**NAME** **WILLIAMS, VIRGIL R**  
**STREET ADDRESS** **2076 WEST PARK PLACE**  
**CITY-ST-ZIP** **STONE MOUNTAIN GA 33087**

**TITLE** **P** ☒ Delete  
**NAME** **WITHROW, T.A.**  
**STREET ADDRESS** **1-64 AND ROUTE 25**  
**CITY-ST-ZIP** **NITRO WV 25143**

**TITLE** **VS Secretary** ☐ Delete  
**NAME** **DANIELS, L C**  
**STREET ADDRESS** **2076 WEST PARK PLACE**  
**CITY-ST-ZIP** **STONE MOUNTAIN GA 33087**

**TITLE** **AS** ☒ Delete  
**NAME** **BLAIR, N. SHAWN**  
**STREET ADDRESS** **2076 WEST PARK PLACE**  
**CITY-ST-ZIP** **STONE MOUNTAIN GA 33087**

**TITLE** **VP** ☐ Delete  
**NAME** **FERGUSON, L.L.**  
**STREET ADDRESS** **1-64 AND ROUTE 25**  
**CITY-ST-ZIP** **NITRO WV 25143**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☐ Change ☒ Addition  
**NAME** **President, Robinson, Robert W.**  
**STREET ADDRESS** **2076 West Park Place**  
**CITY-ST-ZIP** **Stone Mountain, GA 33087**

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

**TITLE** ☐ Change ☒ Addition  
**NAME** **Assistant Secretary Robinson, Tina R.**  
**STREET ADDRESS** **2076 West Park Place**  
**CITY-ST-ZIP** **Stone Mountain, GA 33087**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **500 Teays Corporate Center, Suite 100**  
**CITY-ST-ZIP** **Scott Depot, WV 25560**

**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:** *Tina R. Robinson* **Tina R. Robinson, Asst. Secy.** **4/3/02** **879-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)