

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004669**

1. Entity Name

CONSTRUCTION AND PREVENTATIVE MAINTENANCE, INC.

Principal Place of Business

**152 AMERICAN DRIVE
OAKBORO NC 28129**

Mailing Address

**PO BOX 827
OAKBORO NC 28129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1401687**

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

**DEDMON, S.(STEVE) V
552 MAJESTIC WOOD DR
GREEN COVE SPRINGS FL 32043**

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, 2001 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 **PC** ☒ Delete
NAME **DEDMON, ROBERT E**
STREET ADDRESS **2051 DEERFIELD ROAD**
CITY-ST-ZIP **MT. GILEAD NC 27306**TITLE **P/D** ☐ Change ☒ Addition
NAME **Dedmon, Robert E., Jr.**
STREET ADDRESS **32412 Flint Ridge Rd.**
CITY-ST-ZIP **Albemarle, NC 28001**TITLE **TSD** ☒ Delete
NAME **HUNTER, EDWARD D**
STREET ADDRESS **730 MONTGOMERY AVE.**
CITY-ST-ZIP **ALBEMARLE NC 28001**TITLE **S/D** ☐ Change ☒ Addition
NAME **Dedmon, Stephen V.**
STREET ADDRESS **552 Majestic Wood Dr.**
CITY-ST-ZIP **Green Cove Springs, FL 32043**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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:

Robert E. Dedmon, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

Robert E. Dedmon, Jr.

704/485-4611

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90083 035 ***150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)