

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006101

1. Entity Name

AKIMA CORPORATION

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90076 016 ***150.00

Principal Place of Business	Mailing Address
13777 BALLANTYNE CORPORATE PLACE SUITE 530 CHARLOTTE NC 28277	13777 BALLANTYNE CORPORATE PLACE SUITE 530 CHARLOTTE NC 28277-3425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

92-0132391

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMREN, FRED E		NAME	
STREET ADDRESS	2920 HEATHSTEAD PLACE		STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28210		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKMAN, WILLIAM J		NAME	
STREET ADDRESS	877 PORTER RANCH RD.		STREET ADDRESS	
CITY-ST-ZIP	LANCASTER SC 29270		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIVELLI, ALICE		NAME	
STREET ADDRESS	4000 OLD SEWARD HWY #300		STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK 99503		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASTNY, J S		NAME	
STREET ADDRESS	1001 E. BENSON BLVD.		STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK 99508		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, CHARLES		NAME	
STREET ADDRESS	1001 E. BENSON BLVD.		STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK 99508		CITY-ST-ZIP	
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDEN, RONALD S		NAME	
STREET ADDRESS	301 W. NORTHERN LIGHTS, #901		STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK 99516-3421		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:

Fred E. Hamren Fred E. Hamren 3/9/00 (704) 714-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)