FILED

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

SIGNATURE:

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F9800001047 1. Entity Name AFTERDISASTER, INC. 04-16-2001 90057 030 \*\*\*150.00 Principal Place of Business Mailing Address 1130 W VANDALIA AVE P.O. BOX 10393 X 1/4 16 18 GREENSBORO NC 27406 GREENSBORO NC 27404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-1803930 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) ☐ Delete CP ☐ Change ☐ Addition TITLE TITLE NAME KING, JOSEPH L NAME STREET ADDRESS STREET ADDRESS 1130-B W. VANDALIA RD. CITY-ST-ZIP CITY-ST-ZIP GREENSBORO NC 23406 TITLE ☐ Delete TITLE Change Addition KING, JULIA J NAME NAME STREET ADDRESS STREET ADDRESS 1130-B W. VANDALIA RD. CITY-ST-7IP CITY-ST-ZIP GREENSBORO NC 23406 ☐ Delete TITLE D۷ TITLE □ Change ☐ Addition NÄMÊ NAME MOORE, WILLIAM M STREET ADDRESS STREET ADDRESS 1130-B W. VANDALIA RD. CITY-ST-ZIP CITY-ST-ZIP <u>GREENSBORO NC 23406</u> TITLE ☐ Delete ☐ Change ☐ Addition STD TITLE NAME ROBERTSON, ANTHONY NAME STREET ADDRESS STREET ADDRESS 1130-B W. VANDALIA RD. CITY-ST-ZIP CITY-ST-ZIP **GREENSBORO NC 23406** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 of truetee 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 any address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR