

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90055 037 ***150.00

DOCUMENT # F98000004425

1. Entity Name
PRODELIN CORPORATION

Principal Place of Business

565 FIFTH AVE., 17TH FL.
NEW YORK NY 10017

Mailing Address

2600 N LONGVIEW ST
KILGORE TX 75662

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1500 Prodelin Dr.

Suite, Apt. #, etc.

City & State

Newton, NC

City & State

Zip

28658

Country

USA

Zip

Country

4. FEI Number

56-1550098

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEOD
SHILLITO, WILLIAM
1700 NE CABLE DR
CONOVER NC 28613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1500 Prodelin Dr.
Newton, NC 28658

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTSD
MC MANUS, GARY
1700 NE CABLE DR.
CONOVER NC 28613

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/T/S/D
Paul Locke
1500 Prodelin Dr.
Newton, NC 28658

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTSD
MC MANUS, GARY
1700 NE CABLE DR.
CONOVER NC 28613

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(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:

WILLIAM SHILLITO, CEOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

828-464-4142

Daytime Phone #

CR2E034 (9/01)