

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006239

1. Entity Name

LEIGH CONSTRUCTION OF NORTH CAROLINA, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90222 012 ***550.00

Principal Place of Business

PO BOX 561176
CHARLOTTE NC 28256-1176

Mailing Address

PO BOX 561176
CHARLOTTE NC 28256-1176

2. Principal Place of Business

1804 Lucas Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

4. FEI Number

56-1951595

Applied For

Not Applicable

Zip

28213

Country

Michigan

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PCT
NAME LEIGH, HELEN
STREET ADDRESS 1804 LUCAS LANE
CITY-ST-ZIP CHARLOTTE NC 28213 ☐ Delete

TITLE DV
NAME LEIGH, DEREK
STREET ADDRESS 1804 LUCAS LANE
CITY-ST-ZIP CHARLOTTE NC 28213 ☐ Delete

TITLE S
NAME MARTIN, KIMBERLY
STREET ADDRESS 1804 LUCAS LANE
CITY-ST-ZIP CHARLOTTE NC 28213 ☐ Delete

TITLE D
NAME KNIGHT, LEWIS
STREET ADDRESS 1804 LUCAS LANE
CITY-ST-ZIP CHARLOTTE NC 28213 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE Vice-President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00
Date

704-597-1493
Daytime Phone #

CR2E034 (5/00)