

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006239

1. Entity Name

LEIGH CONSTRUCTION OF NORTH CAROLINA, INC.

Principal Place of Business

1805 INDUSTRIAL CTR.CI
CHARLOTTE NC 28213

Mailing Address

PO BOX 561176
CHARLOTTE NC 28256-1176

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 56-1951595

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTM
NAME LEIGH, HELEN ☐ Delete
STREET ADDRESS 1805 INDUSTRIAL CTR.CI
CITY-ST-ZIP CHARLOTTE NC 28213

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300008302133-4
-10/10/02--01027--003
*****550.00 *****550.00

TITLE VD
NAME LEIGH, DEREK ☐ Delete
STREET ADDRESS 1805 INDUSTRIAL CTR.CI
CITY-ST-ZIP CHARLOTTE NC 28213

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

TITLE S
NAME HAGER, DONNA ☐ Delete
STREET ADDRESS 1805 INDUSTRIAL CTR.CI
CITY-ST-ZIP CHARLOTTE NC 28213

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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:

Heleen G. Leigh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/02

Date

(704)599-1493

Daytime Phone #

CR2E034 (4/02)

U1106/5
A1

FILED

02 OCT -7 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE