

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003869**

1. Entity Name

LADD EXTERIOR WALL SYSTEMS, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90121 014 ***150.00

Principal Place of Business Mailing Address
117 WAKETA DRIVE 117 WAKETA DRIVE
ASHEBORO NC 27203 ASHEBORO NC 27203-3460

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 **56-1657815**Applied For
Not Applicable5. 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, 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 **PCT** ☐ Delete
NAME **NELSON, LADD S.**
STREET ADDRESS **1635 HIGHWAY 62**
CITY-ST-ZIP **JULIAN NC 27283**

TITLE **V** ☒ Delete
NAME **DECKER, ROBERT L II**
STREET ADDRESS **1909 BERRY LANE**
CITY-ST-ZIP **PLEASANT GARDEN NC 27313**

TITLE **SVC** ☐ Delete
NAME **NELSON, JEAN R**
STREET ADDRESS **1635 HIGHWAY 62**
CITY-ST-ZIP **JULIAN NC 27283**

TITLE **D** ☐ Delete
NAME **WISCO, ERIC A CPA**
STREET ADDRESS **440 WEST MARKET STREET**
CITY-ST-ZIP **GREENSBORO NC 27410-2206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **BENNY CALDWELL**
CITY-ST-ZIP **5199 GREEN BLVD.**
NAPLES, FL 34116

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #