

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006520
 1. Entity Name
CAROLINA CONDUIT SYSTEMS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90365 011 ***150.00

Principal Place of Business Mailing Address
 11431 HIGHWAY 70 W-101 11431 HIGHWAY 70 W-101
 CLAYTON NC 27520 CLAYTON NC 27520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3260 Swift Creek Suite, Apt. #, etc.
 Suite, Apt. #, etc.
 City & State City & State
Clayton NC **Clayton NC**
 Zip Country Zip Country
27520 **USA**

4. FEI Number **56-2060264** Applied For
 Not Applicable
 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 Angelina Mills - Angelia Mills - office Manager 4.28.00
 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. ☐ **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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, RONNIE		NAME		
STREET ADDRESS	1008 SHANNON COURT		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27603		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN PRAET, ROGER		NAME		
STREET ADDRESS	809 ELBRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27603		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHENS, BONNIE		NAME		
STREET ADDRESS	1008 SHANNON COURT		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27603		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN PRAET, JULIA		NAME		
STREET ADDRESS	809 ELBRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27603		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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 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] 4.28.00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)