

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90004 047 \*\*\*\*\*50.00

**DOCUMENT # L02000018816**

1. Entity Name

**DZA BRANDS, LLC**



Principal Place of Business

**2110 EXECUTIVE DRIVE, P.O. BOX 1330  
SALISBURY NC 28145-1330**

Mailing Address

**2110 EXECUTIVE DRIVE, P.O. BOX 1330  
SALISBURY NC 28145-1330**

44004006

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

**Applied For**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

SIGNATURE

Signature typed on this form or name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**President  
Michael R. Waller  
2110 Executive Drive  
Salisbury, NC 28145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Vice President  
R. Glenn Dixon, Jr.  
2110 Executive Drive  
Salisbury, NC 28145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Secretary  
A. Lynn Evans  
2110 Executive Drive  
Salisbury, NC 28145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Asst. Secretary  
Joseph A. Hays, III  
2110 Executive Drive  
Salisbury, NC 28145**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

author  
a postmark on the  
the post office  
is not needed  
give this

SS-4

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

# Attachment 44002082 LO2000018816

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

DZA Brands, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

N/A

4a Mailing address (room, apt., suite no. and street, or P.O. Box)

2110 Executive Drive

5a Street address (if different) (Do not enter a P.O. box.)

N/A

4b City, state and ZIP code

Salisbury, NC 28147

5b City, state, and ZIP code

N/A

6 County and state where principal business is located

Rowan, North Carolina

7a Name of principal officer, general partner, grantor, owner, or trustor

G. Linn Evans

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☐ Corporation (enter form number to be filed) ▶

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☒ Other (specify) ▶ Disregarded Entity

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

Group Exemption Number (GEN) ▶

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

North Carolina

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ Marketing

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

7/24/2002

11 Closing month of accounting year

December

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have employees during the period, enter "-0-". ▶

Agricultural

0

Household

0

Other

0

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☒ Other (specify) Marketing Services

☐ Wholesale - agent/broker

☐ Wholesale - other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

Marketing Services

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
**Note:** If "yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ N/A

Trade name ▶ N/A

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

N/A

City and state where filed

N/A

Previous EIN

N/A

Third  
Party  
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Brad Shive

Designee's telephone number (include area code)

(704) 633-8250

Address and ZIP code

2110 Executive Drive  
Salisbury, NC 28145

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ G. Linn Evans

Applicant's telephone number (include area code)

(704) 633-8250

Signature ▶

Date ▶

Applicant's fax number (include area code)

(704) 639-1353

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form SS-4 (Rev. 12-2001)