

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L23329**

1. Entity Name

GROUNDBREAKERS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90040 024 ***150.00

Principal Place of Business

Mailing Address

**4685 HWY. 64/74A
RUTHERFORDTON NC 29139**

**4685 HWY. 64/74A
RUTHERFORDTON NC 29139**

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

59-2978228

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

**MACKENZIE, BARBARA
28705 BENNINGTON DRIVE
WESLEY CHAPEL FL 33544**

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or re

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature)

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
Make Check Payable to Department of**

11. OFFICERS AND DIRECTORS

12.

TITLE **D** ☐ Delete
NAME **BOTCHUCK, LARRY**
STREET ADDRESS **4685 HWY. 64/74A**
CITY-ST-ZIP **RUTHERFORDTON NC 29139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOTCHUCK, JULIE A**
STREET ADDRESS **4685 HWY. 64/74A**
CITY-ST-ZIP **RUTHERFORDTON NC 29139**

TITLE
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CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

828-286-1286

Daytime Phone #

Please NOTE -
I realized the
registered agent did
NOT need to sign
this after she
already did. Please
ignore it. There were
not any changes to sign
for.
Julie Botchuck

CR2E034 (9/99)