2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100002602

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M0100002602					FILED May 28, 2002 8:00 am Secretary of State		
BLANT	ON & MOORE LLC				05-28-2002 9153		
Principal Pla	ce of Business	Mailing Address	-				
HIGHWAY 21. P.O. BOX 70		HIGHWAY 21, P.O. BOX 70 BARIUM SPRINGS NC 2801					
2. Principal f	Place of Business	3. Mailing Address				18/1 18/1 18/1 18/1 18/1 18/1 18/1 18/1	
694 N Main Street		Suite, Apt. #, etc. P O Box 7	Suite, Apt. #, etc. P O Box 70		DO NOT WRITE IN T	HELE BISTO 11 EL 1981	
City & Star	outman, NC	City & State Barium Sp		NC 4. FEI	Number 56-2209069	Applied For Not Applicable	
Zip 281	66 Country Iredell -6Name and Address of Current	Zip 28010	Country Iredell		ificate of Status Desired	\$5.00 Additional Fee Required	
		Hegistered Agent	Name	7. Nam	e and Address of New Registe	red Agent	
120	CORPORATION SYSTEM TO SOUTH PINE ISLAND ROAD ANTATION FL 33324		Street Ac		Number is Not Acceptable)		
- -	WITH TE SOULT		City			Zíp Code	
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or r	egistered agent,		lea -	
SIGNATURE	Signature, typed or printed name of registered agent a		Registered Agent signature				
		FILE NO Make Check Pay	W!!! FEE IS \$5	0.00 ent of State	ng) DA	TE .	
9.	MANAGING MEMBE	L	10.		ADDITIONS/CHANG	SES .	
TITLE NAME	President	☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS	Richard E Sanson P O Box 70	n, JR	STREET ADDRESS				
Barium Springs, NC		NC 28010	CITY-ST-ZIP		<u> </u>	☐ Change ☐ Addition	
NAME		☐ Delete	TITLE Name			☐ Change ☐ Addition	
STREET ADDRESS City-St-zip			STREET ADDRESS				
TITLE TO THE		Delete Delete	CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE	8.	☐ Delete	TITLE	· <u>·</u>		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS			Change Chaulion	
TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE			☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
ITY-ST-7IP		<i>P</i>	STREET ADDRESS				

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 MANAGE

Alan Beasley

704-528-4506

Daytime Phone # ext