

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M47853

1. Entity Name

SRF TRADING, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90063 009 \*\*\*150.00

Principal Place of Business

Mailing Address

401 N. TRYON ST  
NC1-021-03-09  
CHARLOTTE NC 28255

401 N. TRYON ST  
NC1-021-03-09  
CHARLOTTE NC 28255-0001

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

59-2781565

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

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	P.	<input type="checkbox"/> Delete
NAME	SHIFFLET, ALLEN D	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WILLIAM, GARY	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUCAS, MARY ANN	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACK, JOHN E	
STREET ADDRESS	401 N. TRYON ST., NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	V.	<input type="checkbox"/> Delete
NAME	SMITH, DUANE L	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN D SHIFFLET	
STREET ADDRESS	SAME AS PREVIOUS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SENIOR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUANE L SMITH	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN D SHIFFLET	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	

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:

*Duane L Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE L SMITH

Date

Daytime Phone #

704 386 5591

CR2E034 (9/99)