

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000330

1. Entity Name

THE PARNELL-MARTIN COMPANIES LLC

Principal Place of Business
1315 NORTH GRAHAM STREET
CHARLOTTE NC 28206

Mailing Address
1315 NORTH GRAHAM STREET
CHARLOTTE NC 28206

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 56-2000875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CASH, F A JR.
STREET ADDRESS 1315 NORTH GRAHAM STREET
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

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

TITLE MGR
NAME GEORGE, J L
STREET ADDRESS 1315 NORTH GRAHAM STREET
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

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

TITLE MGR
NAME CASH, B M
STREET ADDRESS 1315 NORTH GRAHAM STREET
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

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

TITLE MGR
NAME WELTON, L M
STREET ADDRESS 1315 NORTH GRAHAM STREET
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

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

TITLE MGR
NAME WELTON, C R
STREET ADDRESS 1315 NORTH GRAHAM STREET
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *M. J. Jordan* Treasurer

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

4/10/01

Date

(704) 375-8651

Daytime Phone #

CR2E083 (11/00)