

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0022811

**DOCUMENT # M98000001288**

1. Entity Name

**HIGHWAY 92 GROUP, L.L.C.**

*W/C Not Listed*

04-03-2002 90018 022 \*\*\*\*\*50.00

Principal Place of Business

121 W. TRADE STREET, SUITE 2250  
 CHARLOTTE NC 28202

Mailing Address

121 W. TRADE STREET, SUITE 2250  
 CHARLOTTE NC 28202

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

**31-6401653**

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

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☒ Delete  
 NAME **MGR**  
 STREET ADDRESS **NORWOOD, PHILIP W**  
 CITY-ST-ZIP **121 W. TRADE ST. STE 2550**  
**CHARLOTTE NC 28202**

TITLE ☐ Change ☒ Addition  
 NAME **MGR**  
 STREET ADDRESS **Faison & Associates**  
 CITY-ST-ZIP **121 W Trade Street**  
**Charlotte, NC 28202-5399**

TITLE ☒ Delete  
 NAME **MGR**  
 STREET ADDRESS **SESLER, RICHARD G**  
 CITY-ST-ZIP **121 W. TRADE ST, STE 2550**  
**CHARLOTTE NC 28202**

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

TITLE ☒ Delete  
 NAME **MGR**  
 STREET ADDRESS **JACKSON, ALLEN S**  
 CITY-ST-ZIP **121 W. TRADE ST, STE 2550**  
**CHARLOTTE NC 28202**

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

TITLE ☒ Delete  
 NAME **MGR**  
 STREET ADDRESS **MCCOY, J. MARTIN**  
 CITY-ST-ZIP **121 W. TRADE STREET, STE 2550**  
**CHARLOTTE NC 28202**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

*1/16/02*

Date

**704-972-2500**

Daytime Phone #

CR2E083 (9/01)