

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 21 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000740

1. Entity Name
PILOT FINANCE COMPANY, LLC

Principal Place of Business
1100 KENILWORTH AVENUE
CHARLOTTE NC 28204

Mailing Address
1100 KENILWORTH AVENUE
CHARLOTTE NC 28204-2943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2107567

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 MGRM ☐ Delete
NAME STACKHOUSE, PAUL W
STREET ADDRESS 1100 KENILWORTH AVENUE
CITY-ST-ZIP CHARLOTTE NC 28204

TITLE MGR. ☐ Change ☒ Addition
NAME RICHARD HOUGHTON
STREET ADDRESS 1100 KENILWORTH AVENUE
CITY-ST-ZIP CHARLOTTE, NC 28204

TITLE MGRM ☒ Delete
NAME FAISON, JAY
STREET ADDRESS 1100 KENILWORTH AVENUE
CITY-ST-ZIP CHARLOTTE NC 28204

TITLE MGR. ☐ Change ☒ Addition
NAME JEREMY BOWMAN
STREET ADDRESS 1100 KENILWORTH AVENUE
CITY-ST-ZIP CHARLOTTE, NC 28204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/14/00
Date

704/414-2900
Daytime Phone #