

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90005 049 \*\*\*\*61.25

DOCUMENT # N00000001731

1. Entity Name

MID-ATLANTIC HTE USER'S GROUP, INC.

Principal Place of Business

211 JOHNSON BOULEVARD  
JACKSONVILLE NC 28540

Mailing Address

P.O. BOX 128  
JACKSONVILLE NC 28541

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 56-2189458

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PINDER, AVRIL  
STREET ADDRESS 211 JOHNSON BOULEVARD  
CITY-ST-ZIP JACKSONVILLE NC 28540 ☐ Delete

TITLE VD  
NAME BILLOS, ROBERT  
STREET ADDRESS 300 SOUTH MAIN STREET  
CITY-ST-ZIP MOUNT AIRY NC 27030 ☒ Delete

TITLE DT  
NAME STOKLEY, CAROLYN  
STREET ADDRESS 375 N FRONT ST  
CITY-ST-ZIP WILMINGTON NC 28402 ☐ Delete

TITLE DS  
NAME LANDRITH, STEVE  
STREET ADDRESS 206 SOUTH MAIN STREET  
CITY-ST-ZIP GREENVILLE SC 27602 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V.T. ☐ Change ☒ Addition  
NAME Sandy Mayhew  
STREET ADDRESS 7499 County Complex Rd.  
CITY-ST-ZIP Hanover, Va 23069

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

TITLE D.S. ☐ Change ☒ Addition  
NAME Bill Cease  
STREET ADDRESS 41770 Baldridge St  
CITY-ST-ZIP Leonard Town, Maryland 20650

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carolyn Stokley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

910-341-5862

Date

Daytime Phone #

CR2E037 (9/01)