

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90414 014 ***150.00

DOCUMENT # P00000107241

1. Entity Name

ORCHID ISLAND SUPPLY COMPANY, INC.

Principal Place of Business

**1000 N 2ND ST.
 FT. PIERCE FL 34948**

Mailing Address

**1000 N 2ND ST.
 FT. PIERCE FL 34948**

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

65-1073063

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 RD.
 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, 2001 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SEE ATTACHED

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK L. LEWIS

5/10/01

336-887-2651

Date

Daytime Phone #

CR2E034 (10/00)

ORCHID ISLAND SUPPLY COMPANY, INC.

B0058237
P00000107241

<u>NAME</u>	<u>TITLE</u>
RICK L. LEWIS	DIRECTOR & PRESIDENT
2018 BREVARD ROAD	HIGH POINT, NC 27263
(336) 887-2651	241-76-5282
TED T. BELL	DIRECTOR
100 ROGERS BRIDGE RD.	DUNCAN, SC 29334
(864) 433-3040	242-76-7575
H. NEILL BELL	CHAIRMAN
2018 BREVARD ROAD	HIGH POINT, NC 27263
(336) 887-2651	433-20-6575
GURNEY L. STROUD III	VICE PRESIDENT
2018 BREVARD ROAD	HIGH POINT, NC 27263
(336) 887-2651	243-74-0335
GLENDA KEMP	SECRETARY/TREASURER
2018 BREVARD ROAD	HIGH POINT, NC 27263
(336) 887-2651	243-46-1698
JOHN M. MCGEE	GENERAL MANAGER
1000 N. 2ND STREET	FT. PIERCE, FL 34948
(561) 461-5100	247-66-9914