

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-04-2002 90088 032 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00117

1. Entity Name
HAGERSMITH DESIGN, PA

Principal Place of Business

**300 S. DAWSON ST.
P.O. BOX 1308
RALEIGH NC 27601**

Mailing Address

**300 S. DAWSON ST.
P.O. BOX 1308
RALEIGH NC 27601**

99799

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **56-1217765**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMPSON, JOHN R., JR.
201 E. PINE ST.
SUITE 520
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PM	HAGER, MICHAEL	1705 NOTTINGHAM RD.	RALEIGH NC 27607	<input type="checkbox"/>
VDC	SMITH, JAMES W.M.	3015 WAKE FOREST RD.	RALEIGH NC 27609	<input type="checkbox"/>
VDC	IDOL, SCOTT-T.	2444 EAST LAKE DR	RALEIGH NC 27609	<input type="checkbox"/>
VPD	THIEM, JAMES E.	634 N. BLOUNT ST.	RALEIGH NC 27604	<input type="checkbox"/>
VD	SCROGGIN, SHARRON C	7620 REAMS COURT	APEX NC 27502	<input type="checkbox"/>
VP	CONNER, CHARLES A	RT 3 BOX 60	LITTLETON NC 27850	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/02
(919) 821-547