

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90405 030 ***150.00

0622470 AT

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

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 **56-1217765**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PM** ☐ Delete
NAME **HAGER, MICHAEL**
STREET ADDRESS **1705 NOTTINGHAM RD.**
CITY-ST-ZIP **RALEIGH NC 27607**

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

TITLE **VD** ☐ Delete
NAME **SMITH, JAMES W.M.**
STREET ADDRESS **3015 WAKE FOREST RD.**
CITY-ST-ZIP **RALEIGH NC 27609**

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

TITLE **VDS** ☐ Delete
NAME **IDOL, SCOTT T.**
STREET ADDRESS **2444 EAST LAKE DR**
CITY-ST-ZIP **RALEIGH NC 27609**

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

TITLE **VD** ☐ Delete
NAME **THIEM, JAMES E.**
STREET ADDRESS **634 N. BLOUNT ST.**
CITY-ST-ZIP **RALEIGH NC 27604**

TITLE **V/D/C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDC** ☐ Delete
NAME **SCROGGIN, SHARRON C**
STREET ADDRESS **7620 REAMS COURT**
CITY-ST-ZIP **APEX NC 27502**

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

TITLE **VD** ☐ Delete
NAME **CONNER, CHARLES A**
STREET ADDRESS **RT 3 BOX 60**
CITY-ST-ZIP **LITTLETON NC 27850**

TITLE **V/D/C** ☒ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Michael Hager

April 30, 2003

77-821-5547

Date

Daytime Phone #

CR2E034 (10/02)