

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90050 049 \*\*\*150.00

**DOCUMENT # P17328**

1. Entity Name  
**HEPACO, INC.**

Principal Place of Business Mailing Address  
**BURCH DR** **P.O. BOX 26308**  
**CHARLOTTE NC 28269** **2711 BURCH DRIVE**  
**US** **CHARLOTTE NC 28221-6308**

80018902



DO NOT WRITE IN THIS SPACE

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 **56-1428449** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORP. SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HORTON, RONALD L.	
STREET ADDRESS	2711 BURCH DR	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FIUME, LEONARD	
STREET ADDRESS	2711 BURCH DR	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HORTON, DIANNE C	
STREET ADDRESS	2711 BURCH DR	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, NEVILLE	
STREET ADDRESS	4745 HUGH HOWELL RD	
CITY-ST-ZIP	TUCKER GA	
TITLE	A S	<input checked="" type="checkbox"/> Delete
NAME	SWARTZEL, RICHARD A	
STREET ADDRESS	2711 BURCH DR	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Horton, Jr.	
STREET ADDRESS	2711 Burch Dr.	
CITY-ST-ZIP	Charlotte, NC	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Swartzel	
STREET ADDRESS	2711 Burch Dr	
CITY-ST-ZIP	Charlotte, NC	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/7/00 Daytime Phone #: (704) 598-9782

CR2E034 (9/99)