

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18034

1. Entity Name
PDI REALTY, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90306 034 ***150.00

Principal Place of Business
40 ROYAL DUBLIN DRIVE
PINEHURST NC 28374

Mailing Address
40 ROYAL DUBLIN DRIVE
PINEHURST NC 28374

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 **54-1201188**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, SALLIE S.
86 S SEWALL'S POINT ROAD
STUART FL 34996

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POINTS, PATRICIA SUE S. 40 ROYAL DUBLIN DRIVE PINEHURST NC 28374	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STAPLETON, BRUCE M. 3411 BOY SCOUT ROAD ASHLAND KY 41102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, SALLIE S. 86 S SEWALL'S POINT ROAD STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Patricia Sue S. Points* PATRICIA SUE S. POINTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-01

910-295-4102

CR2E034 (10/00)

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