

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90244 001 ***758.75
 05-05-2002 90244 002 ***150.00

DOCUMENT # P19307

1. Entity Name
R & G CONSTRUCTION COMPANY OF NC

Principal Place of Business
**1700 NORTH GRAHAM STREET
 CHARLOTTE NC 28206**

Mailing Address
**1700 NORTH GRAHAM STREET
 CHARLOTTE NC 28206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-6031148

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BELL, JAMES J.
 720 SEABROOK PARKWAY
 JACKSONVILLE FL 32201**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-02

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, 2002 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
 NAME **PTD COSTIN, JOHN R.** ☐ Delete
 STREET ADDRESS **3000 BELVEDERE AVENUE**
 CITY-ST-ZIP **CHARLOTTE NC**

TITLE
 NAME **SAME** ☒ Change ☐ Addition
 STREET ADDRESS **PO BOX 5524**
 CITY-ST-ZIP **CHARLOTTE, NC 28299**

TITLE
 NAME **V BELL, JIMMY J.** ☐ Delete
 STREET ADDRESS **720 SEABROOK PKWY**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE
 NAME **S MITCHELL, ALICE** ☐ Delete
 STREET ADDRESS **RT. 6, BOX 432**
 CITY-ST-ZIP **MOORESVILLE NC**

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

TITLE
 NAME **D BLANE, JAMES L.** ☐ Delete
 STREET ADDRESS **2830 ST. ANDREWS LN**
 CITY-ST-ZIP **CHARLOTTE NC**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

[Signature] President 1/10/02

Date

Daytime Phone #

704-334-7228

CR2E034 (9/01)