

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27897

1. Entity Name

HENDRIX AND DAIL, INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90012 047 \*\*\*150.00

Principal Place of Business

1101 INDUSTRIAL BLVD.  
GREENVILLE NC 27834  
US

Mailing Address

P.O. BOX 648  
GREENVILLE NC 27835-0648  
US

001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-0809154**

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

HRUBY, ROGER  
7610 US HIGHWAY 41N  
PALMETTO FL 34221

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P D**  
STREET ADDRESS **STORKAN, DEAN C**  
CITY-ST-ZIP **P.O. BOX 1327 8770 HWY. 25**  
**HOLLISTER CA 95024**

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

TITLE ☐ Delete  
NAME **VDD**  
STREET ADDRESS **MCLAWHORN, W. CARROLL**  
CITY-ST-ZIP **3300 WALDEN DR.**  
**GREENVILLE NC 27834**

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

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **HRUBY, ROGER**  
CITY-ST-ZIP **9614 BRADEN RUN RD**  
**BRADENTON FL 34202**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **LEMONS, CLARENCE**  
CITY-ST-ZIP **P.O. BOX 589 2564 BODIE CURRIN ROAD**  
**OXFORD NC 27565**

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HENDRIX, JAMES W**  
CITY-ST-ZIP **1144 WHITE OAK PIKE**  
**STAMPING GROUND KY 40379**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **LYERLY, STEVE**  
CITY-ST-ZIP **9610 US HWY 41 NORTH**  
**PALMETTO FL 34221**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01

(252) 758-4263

CR2E034 (10/00)