## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P92000015184

FILED Mar 01, 2001 8:00 am **Secretary of State** 

-01-2001 91331 012 \*\*\*150.00

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ss	Mailing Address		
	115 VISTA BLVD ARDEN NC 28704 US		
. Principal Place of Business 3. Mailing Address			
· · · · · · · ·	Suite, Apt. #, etc.		DO
	City & State		4. FEI Number 65-0
Country	Zip	Country	5. Certificate of Status
	iness	115 VISTA BLVD ARDEN NC 28704 US  3. Mailing Address Suite, Apt. #, etc	115 VISTA BLVD ARDEN NC 28704 US  3. Mailing Address  Suite, Apt. #, etc.  City & State

NOT WRITE IN THIS SPACE Applied For 393141 Not Applicable \$8.75 Additional Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PFAFFENBERGER, W. J Street Address (P.O. Box Number is Not Acceptable) 3 GOLDEN BEAR PLAZA, SUITE 300 11780 U.S. #1 N. PALM BCH. FL 33408 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE ☐ Change Addition NAME STINGEL, FREDERICK J JR NAME STREET ADDRESS 21 CEDAR HILL STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ASHEVILLE NC 28803 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition STINGEL, JANET NAME STREET ADDRESS 21 CEDAR HILL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ASHEVILLE NC 28803 TITLE Delete TITLE ☐ Change Addition STINGEL, JOHN NAME STREET ADDRESS STREET ADDRESS 614 HOLT LANE CITY-ST-7IP CITY-ST-ZIP ASHEVILLE NC 28803 TITLE ☐ Delete TITLE Change Addition NAME STINGEL, JEFF NAME STREET ADDRESS STREET ADDRESS 115 VISTA BLVD CITY-ST-ZIP CITY-ST-ZIP ARDEN NC TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet S. Stingel, Treasurer 2/16/21

828~654-8900