

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P950000013848

1. Entity Name

LIVE OAK INDUSTRIES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90311 011 ***150.00

00050376

DO NOT WRITE IN THIS SPACE

Principal Place of Business

4814 LAWNDALE DRIVE
GREENSBORO NC
27455-1924

Mailing Address

4814 LAWNDALE DRIVE
GREENSBORO NC
27455-1924

2. Principal Place of Business

4814 LAWNDALE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4814 LAWNDALE DRIVE
Suite, Apt. #, etc.

City & State

GREENSBORO NC
Zip Country
27455-1924 US

City & State

GREENSBORO NC
Zip Country
27455-1924 US

4. FEI Number

59-3297123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

GLENN EDWARDS OR MONA EDWARDS

Street Address (P.O. Box Number is Not Acceptable)

9745 MAINLANDS BLVD WEST

City

PINELAS PARK

FL

Zip Code

33782-3819

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]

GLENN ALAN EDWARDS, PRESIDENT

22 APRIL 2000

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, 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GLENN ALAN EDWARDS
STREET ADDRESS	4814 LAWNDALE DRIVE
CITY-ST-ZIP	GREENSBORO NC 27455-1924
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	
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	

CR2E034 (9/99)

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] GLENN ALAN EDWARDS, PRESIDENT

22 APRIL 2000

336-545-4485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #