

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000072249

1. Entity Name

FLSUB-43, INC.



Principal Place of Business

5260 PARKWAY PLAZA BLVD.  
SUITE 140  
CHARLOTTE NC 28217

Mailing Address

5260 PARKWAY PLAZA BLVD.  
SUITE 140  
CHARLOTTE NC 28217

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P O Box 241448

City & State

Charlotte NC

Zip

Country

28224-1448

Country

USA

4. FEI Number

59-3398665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Corporation Service Company

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

1201 Nays St.

City

Tallahassee

FL

Zip Code

32301-2525

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. I am familiar with, and accept the obligations of registered agent.

Brian Courtney  
Asst. V. Pres.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME BELL, DAVID G  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224-1448

TITLE VP ☐ Delete  
NAME WILLSON, MICHAEL  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224-1448

TITLE SD ☐ Delete  
NAME FOTSCH, ROBERT M  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224-1448

TITLE AS ☒ Delete  
NAME PATEL-UNAS, JOSEPH R  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224-1448

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Gil E. Aleman  
STREET ADDRESS PO Box 241448  
CITY-ST-ZIP Charlotte NC 28224-1448

TITLE ☐ Change ☐ Addition  
NAME 900036058309  
STREET ADDRESS 05/11/04--01052--004 \*\*150.00  
CITY-ST-ZIP

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

TITLE Asst Sec ☐ Change ☒ Addition  
NAME WARD E. Harkness  
STREET ADDRESS PO Box 241448  
CITY-ST-ZIP Charlotte NC 28224-1448

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WARD E. Harkness

WARD E. HARKNESS

Date

4/28/04

Daytime Phone #

704-523-2191

FILED

04 APR 30 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)