

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90198 016 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000072249**

1. Entity Name  
**FLSUB-43, INC.**

Principal Place of Business  
**5260 PARKWAY PLAZA BLVD.  
 SUITE 140  
 CHARLOTTE, NC 28217**

Mailing Address  
**P.O. BOX 241448  
 CHARLOTTE, NC 28224-1448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2625**

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

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **MAY, HWA Y**  
 STREET ADDRESS **2449 U.S. HWY 98 NORTH**  
 CITY-ST-ZIP **LAKELAND, FL 33605**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition  
 NAME **Dario G. Bell**  
 STREET ADDRESS **PO Box 241448**  
 CITY-ST-ZIP **Charlotte NC 28224-1448**

TITLE **Vice-President** ☐ Change ☒ Addition  
 NAME **Michael Willson**  
 STREET ADDRESS **PO Box 241448**  
 CITY-ST-ZIP **Charlotte NC 28224-1448**

TITLE **Secretary/Director** ☐ Change ☒ Addition  
 NAME **Robert M. Fotsch**  
 STREET ADDRESS **PO Box 241448**  
 CITY-ST-ZIP **Charlotte NC 28224-1448**

TITLE **ASST SECRETARY** ☐ Change ☒ Addition  
 NAME **R. Joseph Patelunas**  
 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:**

*R. Joseph Patelunas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/03**  
 Date

**704-523-2191**  
 Daytime Phone #

CR2E034 (10/02)