

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90010 042 ***150.00

DOCUMENT # P97000104767

1. Entity Name

ROANOKE TECHNOLOGY CORP.

Principal Place of Business

Mailing Address

1433 GEORGIA AVE
 ROANOKE RAPIDS NC 27870
 US

1433 GEORGIA AVE
 ROANOKE RAPIDS NC 27870
 US

2. Principal Place of Business

539 Becker Drive

3. Mailing Address

539 Becker Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROANOKE RAPIDS NC

City & State

ROANOKE RAPIDS NC

4. FEI Number

22-3558993

Applied For

Not Applicable

Zip

27870

Country

USA

Zip

27870

Country

USA

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

GARRICK, DAVID JR
1795 E HWY 50
STE A
CLERMONT FL 34711

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 **PD** ☐ Delete
 NAME **SMITH, DAVID L**
 STREET ADDRESS **1433 GEORGIA AVE**
 CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE **PD** ☒ Change ☐ Addition
 NAME **SMITH DAVID L**
 STREET ADDRESS **539 BECKER DRIVE**
 CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE **SD** ☐ Delete
 NAME **FOSTER, EDWIN E JR**
 STREET ADDRESS **1433 GEORGIA AVE**
 CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE **SD** ☒ Change ☐ Addition
 NAME **FOSTER EDWIN E JR**
 STREET ADDRESS **539 BECKER DRIVE**
 CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE **PD** ☒ Delete
 NAME **SMITH, DAVID L**
 STREET ADDRESS **1039 E. 10TH ST.**
 CITY-ST-ZIP **ROANKE RAPIDS NC**

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

TITLE **VPD** ☐ Delete
 NAME **GLENN, CANADY**
 STREET ADDRESS **1433 GEORGIA AVE**
 CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **B CANADY, GLENN**
 STREET ADDRESS **539 BECKER DRIVE**
 CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Edwin E Foster Jr** **EDWIN E FOSTER JR** **4/30/01** **252 537 9222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)