

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90002 028 \*\*\*150.00

**DOCUMENT # P99000109075**

1. Entity Name  
**SOF-19 OF FL, INC.**

Principal Place of Business

Mailing Address

~~4421 STUART ANDREW BLVD. #200~~  
**CHARLOTTE NC 28217**

~~4421 STUART ANDREW BLVD. #200~~  
**CHARLOTTE NC 28217**

2. Principal Place of Business

3. Mailing Address

**5260 Parkway Plaza Blvd** **P.O. Box 241448**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 140**

City & State

City & State

**Charlotte NC**

**Charlotte NC**

Zip

Zip

Country

Country

**28217**

**USA**

**28224**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2509006**

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 32301-2525**

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 **CSD** ☐ Delete  
 NAME **FOTSCH, ROBERT M**  
 STREET ADDRESS ~~4421 STUART ANDREW BLVD., SUITE 200~~  
 CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☒ Change ☐ Addition  
 NAME **P.O. Box 241448**  
 STREET ADDRESS **Charlotte NC**  
 CITY-ST-ZIP **28224**

TITLE **PD** ☐ Delete  
 NAME **BELL, DAVID G**  
 STREET ADDRESS ~~4421 STUART ANDREW BLVD., SUITE 200~~  
 CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☒ Change ☐ Addition  
 NAME **28224**  
 STREET ADDRESS **Charlotte NC**  
 CITY-ST-ZIP **28224**

TITLE **TV** ☐ Delete  
 NAME **THIGPEN, JOHN B**  
 STREET ADDRESS ~~4421 STUART ANDREW BLVD., SUITE 200~~  
 CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☒ Change ☐ Addition  
 NAME **28224**  
 STREET ADDRESS **Charlotte NC**  
 CITY-ST-ZIP **28224**

TITLE **AS** ☐ Delete  
 NAME **NEAL, JAMES W**  
 STREET ADDRESS ~~4421 STUART ANDREW BLVD., SUITE 200~~  
 CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☒ Change ☐ Addition  
 NAME **28224**  
 STREET ADDRESS **Charlotte NC**  
 CITY-ST-ZIP **28224**

TITLE ☐ Delete  
 NAME **28224**  
 STREET ADDRESS **Charlotte NC**  
 CITY-ST-ZIP **28224**

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 STREET ADDRESS **Charlotte NC**  
 CITY-ST-ZIP **28224**

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: **James W. Neal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/01**

Date

**704-523-2191**

Daytime Phone #

CR2E034 (10/00)