2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 18, 2002 8:00 am Secretary of State DOCUMENT# P99000109075 1. Entity Name SOI-19 OF FL, INC. 07-18-2002 90130 029 ***150.00 Principal Place of Business Mailing Address 5260 PARKWAY PLAZA BLVD PO BOX 241448 SUITE 140 CHARLOTTE NC 28224 CHARLOTTE NC 28217 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2509006 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **CSD** ☐ Delete TITLE CR2E034 (4/02) Change NAME FOTSCH, ROBERT M ☐ Addition NAME STREET ADDRESS PO BOX 241448 STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28224** CITY-ST-ZIP TITLE PD Delete TITLE ☐ Change Addition BELL, DAVID G NAME STREET ADDRESS PO BOX 241448 STREET ADDRESS CITY-ST-7/P **CHARLOTTE NC 28224** CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition THIGPEN, JOHN B NAME STREET ADDRESS PO BOX 241448 STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28224** CITY-ST-ZIP TITLE AS Delete TITLE ☐ Change ☐ Addition NAME NEAL, JAMES W NAME STREET ADDRESS PO BOX 241448 STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28224 CITY-ST-ZIP TITLE ☐ Delete TITLE X Addition NAME michael Willson NAME

Charlotte NC 28224-1448 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

PO BOX 241448

PO Box 241448

R. Joseph Patelunas

Charlotte NC 28224 -1448

704-523-2191

X Addition

Attachment Agooologo 75 - 122/7/ STRATEGIC OUTSOURCING, INC.

A Union Planters Company

PO Box 241448 Charlotte NC 28224, Ph. 1-800-572-2412

July 12, 2002

Elorida Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir,

Please file the enclosed report as paid in full with the \$150.00 enclosed.

We are asking that you abate the \$400 penalty for late filing. We have had major changes in our staffing since December and did not realize that these were still outstanding. We have added a Compliance Officer to our staff to insure these types of things to not happen again.

Thank you for your cooperation in this matter.

Sincerely,

R. Joseph Patelunas

Speph Patellinas

Tax Director