

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10607

1. Entity Name

'PINCKARD, INC.'

FILED

Feb 19, 2000 8:00 am  
Secretary of State

02-19-2000 90026 009 \*\*\*150.00

Principal Place of Business

Mailing Address

115 VISTA BLVD  
ARDEN NC 28704  
US

115 VISTA BLVD  
ARDEN NC 28704-9457  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0313073

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

PFAFFENBERGER, W. J.  
631 U. S. HIGHWAY ONE  
SUITE 410  
NORTH PALM BEACH FL 33408

Name

W. J. Pfaffenberger

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

3 Golden bear Plaza, Suite 300

11780 US #1

City

North Palm Beach, FL

FL

Zip Code  
33408

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, 2000 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 D ☐ Delete  
NAME STINGEL JR., FREDERICK J.  
STREET ADDRESS 8 CEDAR CHINE  
CITY-ST-ZIP ASHEVILLE NC

TITLE PD ☐ Change ☐ Addition  
NAME Frederick J. Stingel  
STREET ADDRESS 21 Cedar Hill  
CITY-ST-ZIP Asheville, NC 28803

TITLE VP ☐ Delete  
NAME STINGEL III, JOHN F.  
STREET ADDRESS 14 BENT OAK DR  
CITY-ST-ZIP ASHEVILLE NC

TITLE VP ☐ Change ☐ Addition  
NAME Stingel, III, John F.  
STREET ADDRESS 614 Holt Lane  
CITY-ST-ZIP Asheville, NC 28803

TITLE T ☐ Delete  
NAME STINGEL, JANET S.  
STREET ADDRESS 8 CEDAR CHINE  
CITY-ST-ZIP ASHEVILLE NC

TITLE STD ☐ Change ☐ Addition  
NAME Stingel, Janet  
STREET ADDRESS 21 Cedar Hill  
CITY-ST-ZIP Asheville, NC 28803

TITLE V ☐ Delete  
NAME STINGEL, JEFF  
STREET ADDRESS 115 VISTA BLVD  
CITY-ST-ZIP ARDEN NC

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

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: Janet S. stingel, Treasurer, February 3, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)