## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 15, 2000 8:00 am Secretary of State **DOCUMENT #822718** 1. Entity Name PATRICK INDUSTRIES, INC. 02-15-2000 90004 025 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 638 P O BOX 638 1800 S. 14TH ST. 1800 S. 14TH ST. ELKHART IN 46516-2275 ELKHART IN. 46516-2275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 35-1057796 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 :Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE TITLE ☐ Delete BAER THOMAS G NAME ... KNISPEL, MERLIN NAME 605 GREEN DRIVE STREET ADDRESS 900 E WOBASY AVE STREET ADDRESS CITY-ST-ZIP HAPPANEE IN CITY-ST-ZIP OWAGIAG Addition ☐ Delete Change TITLE TITLE ANKEL KEITH LUNG, DOROTHY M NAME NAME 1334 W WOLF AVE STREET ADDRESS STREET ADDRESS 18 OP SOUTH **ELKHART IN** CITY-ST-ZIP CITY-ST-ZIP LKHAR1 D-----Change TITLE Delete TITLE TIMMINS, ROBERT C UNG MERVIA D NAME NAME SODO LINCOLNWAY GKS1 611 EISENHAUER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GRAND JUNCTION CO** CITY-ST-ZIP MISHANGKA Addition TITI F ☐ Change TITLE □ Delete LYNN R. BRANDON WYLAND, HAROLD E NAME NAME 1800 SOUTH 14TH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ELKHART IN** Addition ☐ Change ☐ Delete TITLE TITLE MCDERMOTT, JOHN NAME NAME 3640 CLIFFS DRIVE 1800 S 14TH STREET STREET ADDRESS STREET ADDRESS ELKHART, IND 0 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE LUNG, DAVID D. NAME NAME 1800 S. 14TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ELKHART IN** 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. NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO