

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001032

1. Entity Name

SACO INDUSTRIES, INC.

Principal Place of Business

P.O. BOX 342
LOWELL IN 46356-0342

Mailing Address

P.O. BOX 342
LOWELL IN 46356-0342

2. Principal Place of Business

17151 MORSE ST

3. Mailing Address

PO Box 342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lowell IN

City & State

Lowell IN

Zip

46356

Country

Zip

46356

Country

4. FEI Number

36-2772495

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ Delete
NAME P
STREET ADDRESS BERGSTROM, RONALD
CITY-ST-ZIP 13909 LAQUE DRIVE
CEDAR LAKE IN 46303

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS BERGSTROM, PAULETTE
CITY-ST-ZIP 13909 LAQUE DRIVE
CEDAR LAKE IN 46303

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald P. Bergstrom

4/10/01 (219) 696 2800

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90094 040 ***150.00



DO NOT WRITE IN THIS SPACE