

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809454

1. Entity Name

CURT G. JOA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90284 002 ***150.00

Principal Place of Business

Mailing Address

100 CROCKER AVENUE
P.O. BOX 903
SHEBOYGAN FALLS WI 53085-0903

100 CROCKER AVENUE
P.O. BOX 903
SHEBOYGAN FALLS WI 53085-0903

604649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-0376520**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JOHANSEN-BEULAH Kenney, Timothy
1500 N. HIGHRIDGE ROAD
BOYNTON BCH FL FL 33435

Name **Timothy Kenney**
Street Address (P.O. Box Number is Not Acceptable)
1500 N. Highridge Road

City **Boynton Beach** **FL** Zip Code **33435**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-2000

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 **ASD- SD** ☐ Delete
NAME **KIELA, GENE F. II**
STREET ADDRESS **N5481 COUNTY AIRE RD**
CITY-ST-ZIP **PLYMOUTH WI**

TITLE **SD** ☒ Change ☐ Addition
NAME **Kiela, Gene F. II**
STREET ADDRESS **N5481 Country Aire Road**
CITY-ST-ZIP **Plymouth, WI 53073**

TITLE **B- PD** ☐ Delete
NAME **LAMMERS, DONALD**
STREET ADDRESS **620 ONTARIO AVE**
CITY-ST-ZIP **OOSTBURG WI**

TITLE **PD** ☒ Change ☐ Addition
NAME **Lammers, Donald**
STREET ADDRESS **620 Ontario Avenue**
CITY-ST-ZIP **Oostburg, WI 53070**

TITLE **AT- TD** ☐ Delete
NAME **SUPRISE, LOUIS J.**
STREET ADDRESS **13033 S CLEVELAND ROAD**
CITY-ST-ZIP **CLEVELAND WI**

TITLE **TD** ☒ Change ☐ Addition
NAME **Suprise, Louis J.**
STREET ADDRESS **13033 S. Cleveland Road**
CITY-ST-ZIP **Cleveland, WI 53015**

TITLE **VPD** ☐ Delete
NAME **KENNEY, TIMOTHY**
STREET ADDRESS **9439 LOTUS CT.**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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:

[Signature] **LOUIS J. SUPRISE**

1/11/99

(920) 467-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)