

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90097 030 ***150.00

DOCUMENT # 8094541. Entity Name
CURT G. JOA, INC.Principal Place of Business
**100 CROCKER AVENUE
P.O. BOX 903
SHEBOYGAN FALLS WI 53085-0903**Mailing Address
**100 CROCKER AVENUE
P.O. BOX 903
SHEBOYGAN FALLS WI 53085-0903****627651**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Timothy Kenney9. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|------------------------|------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| SD | KIELA, GENE F. II | N5481 COUNTY AIRE RD | PLYMOUTH WI 53073 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD | LAMMERS, DONALD | 620 ONTARIO AVE | OOSTBURG WI 53070 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | SUPRISE, LOUIS J. | 13033 S CLEVELAND ROAD | CLEVELAND WI 53015 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VPD | KENNEY, TIMOTHY | 9439 LOTUS CT. | BOYNTON BEACH FL 33436 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: **Louis J. Suprise** Louis J. Suprise 2/19/01 (920) 467-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)