

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90357 016 ***150.00

DOCUMENT # 842488

1. Entity Name

SPRINGS WINDOW FASHIONS DIVISION, INC.

Principal Place of Business

**7549 GRABER ROAD
MIDDLETON WI 53562**

Mailing Address

**P. O. BOX 111. TAX DEPT.
LANCASTER SC 29721
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

36-2998685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ZABEL, RONALD W**
CITY-ST-ZIP **7549 GRABER ROAD
MIDDLETON WI**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **SULLIVAN, ROBERT W.**
CITY-ST-ZIP **205 N WHITE ST.
FORT MILL SC**

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **DORSETT, C POWERS**
CITY-ST-ZIP **205 N. WHITE ST.
FORT MILL SC**

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **ILARDO, SAMUEL J**
CITY-ST-ZIP **205 N. WHITE ST.
FORT MILL SC**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KELBLEY, STEPHEN P**
CITY-ST-ZIP **205 N. WHITE ST.
FT. MILL SC**

TITLE ☐ Delete
NAME **AT**
STREET ADDRESS **THEESFELD, TIMOTHY L**
CITY-ST-ZIP **136 GRACE AVENUE HWY 9
LANCASTER SC**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **KUTCHER, KENNETH E**
CITY-ST-ZIP **205 NORTH WHITE STREET
FORT MILL, SC 29715**

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:

Timothy L. Theesfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TIMOTHY L. THEESFELD, ASSISTANT TREASURER

04-10-02

Date

803/286-2321

Daytime Phone #

CR2E034 (9/01)