

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 90409 002 \*\*\*150.00

0505599

**DOCUMENT # 857234**

1. Entity Name  
**OGLESBY CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

1600 TOLEDO ROAD  
 PO BOX 380  
 NORWALK OH 44857

1600 TOLEDO ROAD  
 PO BOX 380  
 NORWALK OH 44857

**00029599**



DO NOT WRITE IN THIS SPACE

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 **34-1233573**

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

**CT CORPORATION SYSTEM  
 1200 S. 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 **PD** ☐ Delete  
 NAME **OGLESBY, MASON P.**  
 STREET ADDRESS **1041 SOUTH NORWALK RD.**  
 CITY-ST-ZIP **NORWALK OH 44857**

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

TITLE **STD** ☐ Delete  
 NAME **OGLESBY, DELLENE**  
 STREET ADDRESS **1041 SOUTH NORWALK RD.**  
 CITY-ST-ZIP **NORWALK OH 44857**

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

TITLE **D** ☐ Delete  
 NAME **LYNCH, RICHARD S.**  
 STREET ADDRESS **17 PATRICIAN DR**  
 CITY-ST-ZIP **NORWALK OH 44857**

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

TITLE **VP** ☒ Delete  
 NAME **MCFADDEN, JAMES**  
 STREET ADDRESS **12907 PATTEN TRACT RD**  
 CITY-ST-ZIP **MONROEVILLE OH 44847**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **STEVEN HUG**  
 STREET ADDRESS **1 JENNIFER WAY**  
 CITY-ST-ZIP **NORWALK, OHIO 44857**

TITLE **VP** ☐ Delete  
 NAME **BARMAN, DOUGLAS**  
 STREET ADDRESS **146 SYCAMORE DRIVE**  
 CITY-ST-ZIP **NORWALK OH 44857**

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

TITLE **VP** ☐ Delete  
 NAME **REICHERT, GERALD**  
 STREET ADDRESS **746 MALLARD POINTE**  
 CITY-ST-ZIP **NORWALK OH 44857**

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MASON P. OGLESBY** MAR 23 2001 (419) 608-8204

Date

Daytime Phone #

CR2E034 (10/00)