

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90312 008 ***150.00

DOCUMENT # 857234

1. Entity Name
OGLESBY CONSTRUCTION, INC.

Principal Place of Business

1600 TOLEDO ROAD
PO BOX 380
NORWALK OH 44857

Mailing Address

1600 TOLEDO ROAD
PO BOX 380
NORWALK OH 44857

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, 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

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 **STD SHIRLEEN M. MCQUERREY**
STREET ADDRESS **8 JAMIE WAY**
CITY-ST-ZIP **NORWALK, OH 44857**

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

TITLE ☐ Change ☒ Addition
NAME **VP D KEVIN P. THEISEN**
STREET ADDRESS **600 CHOCKTAW STREET**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **VP** ☐ Delete
NAME **HUG, STEVEN**
STREET ADDRESS **1 JENNIFER WAY**
CITY-ST-ZIP **NORWALK OH 44857**

TITLE ☒ Change ☐ Addition
NAME **VP D**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **VP D**
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 **VP D**
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

MASON P. OGLESBY

Date

APR 05 2002

Daytime Phone #

414-668-8204

CR2E034 (9/01)