

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90123 030 \*\*\*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**

☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **STD** ☐ Delete  
**NAME** **MCQUERREY, SHIRLEEN M**  
**STREET ADDRESS** **8 JAMIE WAY**  
**CITY-ST-ZIP** **NORWALK OH 44857**

**TITLE** **D** ☐ Delete  
**NAME** **THEISEN, KEVIN P.**  
**STREET ADDRESS** **600 CHOCTAN STREET**  
**CITY-ST-ZIP** **LAKE MARY FL 32746**

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

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

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

**11. 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** **VD** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 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 MAR 21 2003 419-668-8204**

Date

Daytime Phone #

CR2E034 (10/02)

0666903 AB