

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001237

1. Entity Name

NORTHWOOD MANUFACTURING, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90125 017 ***150.00

Principal Place of Business	Mailing Address
P.O. BOX 3359 LA GRANDE OR 97850	P.O. BOX 3359 LA GRANDE OR 97850

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number	93-1180082	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	PCD	TITLE	
NAME	NASH, RONALD	NAME	
STREET ADDRESS	10305 WHITE BIRCH LANE	STREET ADDRESS	
CITY-ST-ZIP	ISLAND CITY OR 97850	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	DANIELS, CURTIS C	NAME	
STREET ADDRESS	10305 WHITE BIRCH LANE	STREET ADDRESS	
CITY-ST-ZIP	ISLAND CITY OR 97850	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LEWIS, ERNEST P	NAME	
STREET ADDRESS	1040-B N.W. 12TH	STREET ADDRESS	
CITY-ST-ZIP	PENDLETON OR 97801	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	NASH, SHERRY A	NAME	
STREET ADDRESS	10305 WHITE BIRCH LANE	STREET ADDRESS	
CITY-ST-ZIP	ISLAND CITY OR 97850	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

RONALD NASH

1-9-01

Date

541-962-6214

Daytime Phone #

CR2E034 (10/00)