

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90015 033 ***150.00

DOCUMENT # F01000005145

1. Entity Name

GLEN OAK LUMBER & MILLING INC

Principal Place of Business

**N2885 CTY F
 MONTELLO WI 53949**

Mailing Address

**N2885 CTY F
 MONTELLO WI 53949**

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

39-1358092

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

**TALBOT, CHARLES T
 960 CAPE MARCO DR COZUMEL #2306
 MARCO ISLAND FL 34145**

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 **SMITH, CLARE V**
 STREET ADDRESS **3408 WOODHAVEN DR.**
 CITY-ST-ZIP **SOMERSET KY**

TITLE **VP/DIRECTOR** ☐ Change ☒ Addition
 NAME **DONALD PRITZLAFF**
 STREET ADDRESS **1711 Hoyt St.**
 CITY-ST-ZIP **MADISON, WI 53705**

TITLE **V** ☒ Delete
 NAME **VERCAUTEREN, STEVE**
 STREET ADDRESS **4069 WHITE PINE DR.**
 CITY-ST-ZIP **GREEN BAY WI**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **STEVE HALDER**
 STREET ADDRESS **7914 BLACK RIVER RD**
 CITY-ST-ZIP **VERONA, WI 53593**

TITLE **S** ☒ Delete
 NAME **ZIEBELL, JEAN H**
 STREET ADDRESS **N3559 FLORENCE AVE**
 CITY-ST-ZIP **MONTELLO WI**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **RANDY PETERSON**
 STREET ADDRESS **353 CANAL ST.**
 CITY-ST-ZIP **BERLIN, WI 54923**

TITLE **V** ☐ Delete
 NAME **LINDQUIST, RONALD**
 STREET ADDRESS **2108 CHABLIS ST**
 CITY-ST-ZIP **GIBSONIA PA**

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

TITLE **D** ☒ Delete
 NAME **OTTOSON, JAMES**
 STREET ADDRESS **428 S. GARFIELD**
 CITY-ST-ZIP **VIRQUA WI**

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

TITLE **D** ☐ Delete
 NAME **HULBERG, BETTY C**
 STREET ADDRESS **3157 NELSON RD**
 CITY-ST-ZIP **SUN PRAIRIE WI**

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:

Richard M. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

Date

608-297-2161-257

Daytime Phone #

CR2E034 (9/01)