

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90099 004 ***150.00

DOCUMENT # F01000005145

1. Entity Name
GLEN OAK LUMBER & MILLING INC



Principal Place of Business
**N2885 CTY F
MONTELO WI 53949**

Mailing Address
**N2885 CTY F
MONTELO 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**

☐ CHECK HERE IF MAKING CHANGES

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. 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

CEO

**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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **SECRETARY** ☐ Change ☒ Addition
NAME **RICK ALLEN**
STREET ADDRESS **601 W PLEASANT ST**
CITY-ST-ZIP **PORTAGE, WI 53901**

TITLE **VPD** ☒ Delete
NAME **PRITZLAFF, DONALD**
STREET ADDRESS **1711 HOYT ST**
CITY-ST-ZIP **MADISON WI 53705**

TITLE **CEO & DIRECTOR** ☐ Change ☒ Addition
NAME **CHARLES T. TALBOT**
STREET ADDRESS **1001 W STATE HWY 33**
CITY-ST-ZIP **PORTAGE, WI 53901**

TITLE **D** ☐ Delete
NAME **HALDER, STEVE**
STREET ADDRESS **7914 BLACK RIVER DR**
CITY-ST-ZIP **VERONA WI 53593**

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

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 **PETERSON, RANDY**
STREET ADDRESS **353 CANAL ST**
CITY-ST-ZIP **BERLIN WI 54923**

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

TITLE **D AND TREASURER** ☐ 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

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

Date

Daytime Phone #

CR2E034 (10/02)