

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000317

1. Entity Name

NATIONAL PREMIUM AND MERCHANDISING, INC.

Principal Place of Business

2330 COMMERCE DRIVE  
NEW BERLIN WI 53151

Mailing Address

2330 COMMERCE DRIVE  
NEW BERLIN WI 53151-2716

2. Principal Place of Business

N26 W23315 PAUL RD

3. Mailing Address

P O BOX 547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEWAUKEE, WI

City & State

PEWAUKEE, WI

Zip

53072

Country

Zip

53072

Country

4. FEI Number

39-1133200

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

MALLOW, JOHN  
1405 SW 6TH COURT  
SUITE H  
POMPANO BEACH FL 33069

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, 2000 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 CPT ☐ Delete  
NAME SCHMIDT, RICHARD A  
STREET ADDRESS 804 N PINYON CT  
CITY-ST-ZIP HARTLAND WI 53029-8662

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

TITLE VSD ☐ Delete  
NAME SCHMIDT, KAY W 315 S11  
STREET ADDRESS 804 N PINYON CT  
CITY-ST-ZIP HARTLAND WI 53029-8662

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

TITLE D ☐ Delete  
NAME COLOMBE, TIMOTHY P  
STREET ADDRESS 457 PARK AVENUE  
CITY-ST-ZIP PEWAUKEE WI 53072

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

TITLE VPC ☐ Delete  
NAME GLEASON, JOHN W  
STREET ADDRESS W276 N2613 LILY CTE  
CITY-ST-ZIP PEWAUKEE WI 53072

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

TITLE VPS ☐ Delete  
NAME TREMANN, JOHN  
STREET ADDRESS 3950 S WOODHILL LANE  
CITY-ST-ZIP NEW BERLIN WI 53151

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John W Gleason* VP/CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

262-513-2414

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE