

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003091

1. Entity Name

OK'S CASCADE, INC. Company

Principal Place of Business

16372 177TH AVENUE SE
MONROE WA 98272

Mailing Address

16372 177TH AVENUE SE
MONROE WA 98272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, HAROLD M
ROUTE 4, BOX 292
CHIEFLAND FL 32626

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEENER, JOHN B	
STREET ADDRESS	19111 92ND AVENUE NE	
CITY-ST-ZIP	BOTHELL WA 98011	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KEENER, RAY W	
STREET ADDRESS	12703 217TH STREET SE	
CITY-ST-ZIP	SNOHOMISH WA 98290	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KEENER, JOANN	
STREET ADDRESS	12703 217TH STREET SE	
CITY-ST-ZIP	SNOHOMISH WA 98290	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DARLING, ROSS	
STREET ADDRESS	ROUTE 1, BOX 910	
CITY-ST-ZIP	TWISP WA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SONNICHSEN, HOWARD	
STREET ADDRESS	BOX 448	
CITY-ST-ZIP	TWISP WA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Daniel Auker	
STREET ADDRESS	15830 Fulta Industrial Parkway	
CITY-ST-ZIP	Cleveland, OH 44149	
TITLE	Vice President Wade McIntyre	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wade McIntyre	
STREET ADDRESS	16372 - 177th Ave SE	
CITY-ST-ZIP	Monroe, WA 98272	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Knabel	
STREET ADDRESS	15830 Fulta Industrial Parkway	
CITY-ST-ZIP	Cleveland, OH 44149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wade McIntyre Wade McIntyre 2/2/01 360-754-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1

FILED

May 18, 2001 8:00 am
Secretary of State

03-12-2001 90498 011 ***150.00

05-18-2001 91572 012 ****35.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment
F94000003091
768889

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

1. OK's Cascade, Inc
Name of corporation as it appears on the records of the Department of State.
2. WA 3. not known
Incorporated under laws of Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? July 14, 1999
5. OK's Cascade Company
Name of corporation after the amendment, adding suffix "corporation"/"company"/or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
- _____
- New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- _____
- New Jurisdiction

Wade McIntyre
Signature

4-30-01
Date

Wade McIntyre
Typed or printed name

VP / GM
Title

76828

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New Duration

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New Jurisdiction

VP / GM
Title

Attachment
F94000003091
768289

**Washington State Department of Revenue
State Business Records Database Detail**

TAX REPORTING NUMBER: 681978418
LEGAL ENTITY NUMBER: 681978418
LEGAL ENTITY: OK'S CASCADE COMPANY
DOING BUSINESS AS:

MAILING ADDRESS:

16372 177TH AVE SE
MONROE, WA 98272-1943

BUSINESS LOCATION:

16372 177TH AVE SE
MONROE, WA 98272-8888

OWNER TYPE: CORPORATION

ACCOUNT OPENED: 88/16/1999

ACCOUNT CLOSED: OPEN

STANDARD INDUSTRIAL CODE: 5963

1/12/2000 11:19

Cross Reference



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