

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000004388

1. Entity Name

GB TOOLS AND SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6100 N. BAKER ROAD

3. Mailing Address
6100 N. BAKER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GLENDALE, WI

City & State
GLENDALE, WI

4. FEI Number
39-0964876

Applied For
Not Applicable

Zip
53209

Country
USA

Zip
53209

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

City
PLANTATION FL Zip Code
33324

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

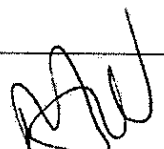
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBERT C. ARZBAECHER 6100 N. BAKER ROAD GLENDALE, WI 53209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T TERRY M. BRAATZ 6100 NORTH BAKER ROAD GLENDALE, WI 53209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ANDREW G. LAMPEREUR 6100 NORTH BAKER ROAD GLENDALE, WI 53209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ANTHONY W. ASMUTH III 411 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005610998--8 -05/27/02--01004--005 *****8.75 *****8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005610998--8 -05/27/02--01004--006 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Anthony W. Asmuth III, Secretary 5/15/02 414-277-5713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)