

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90041 014 ***150.00

DOCUMENT # F95000001181

1. Entity Name
SUPERIOR PINE PRODUCTS COMPANY



Principal Place of Business
**U.S. 441 NORTH. P.O. BOX 278
FARGO GA 31631**

Mailing Address
**U.S. 441 NORTH. P.O. BOX 278
FARGO GA 31631**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-0452920**

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

**RUFF, FRANK H
101 N. RANGE STREET
(P.O. DRAWER 570)
MADISON FL 32341-0570**

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

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **OETTMEIER, W M JR**
STREET ADDRESS **101 5TH AVE**
CITY-ST-ZIP **FARGO GA 31631**

TITLE **T** ☐ Change ☒ Addition
NAME **FENDIG, JAMES G.**
STREET ADDRESS **15 HASLEITER'S RETREAT**
CITY-ST-ZIP **SAVANNAH, GA 31411**

TITLE **V** ☐ Delete
NAME **RHAME, JOAN**
STREET ADDRESS **501 MINE HILL ROAD**
CITY-ST-ZIP **FAIRFIELD CT 06430**

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIAMS, CHARLES K.**
STREET ADDRESS **1820 RITTENHOUSE SQUARE**
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

TITLE **S** ☐ Delete
NAME **LAWRENCE, W J III**
STREET ADDRESS **333 BRIDGE ST. NW (BRIDGEWATER PLACE)**
CITY-ST-ZIP **GRAND RAPIDS MI 49501-0352**

TITLE **D** ☐ Change ☒ Addition
NAME **KNIGHT, JOHN G., JR.**
STREET ADDRESS **P.O. BOX 1201**
CITY-ST-ZIP **MONTREAT, NC 28757**

TITLE **CT** ☒ Delete
NAME **LAWRENCE, JOHN W**
STREET ADDRESS **1800 S. 35TH STREET**
CITY-ST-ZIP **GALESBURG MI 49053**

TITLE **D** ☐ Change ☒ Addition
NAME **LAWRENCE, JOHN W., JR.**
STREET ADDRESS **3931 N. JANSSEN**
CITY-ST-ZIP **CHICAGO, IL 60613**

TITLE **C** ☐ Delete
NAME **LAWRENCE, JOHN W**
STREET ADDRESS **1800 S. 35TH STREET**
CITY-ST-ZIP **GALESBURG MI 49053**

TITLE **D** ☐ Change ☒ Addition
NAME **COFFIN, PETER**
STREET ADDRESS **255 WOODLAND ROAD**
CITY-ST-ZIP **CHESTNUT HILL, MA 02167**

TITLE **D** ☐ Delete
NAME **KNIGHT, JAMES R**
STREET ADDRESS **967 CAMPBELL DRIVE**
CITY-ST-ZIP **NORTH AUGUSTA SC 29841**

TITLE **D** ☐ Change ☒ Addition
NAME **ABARR, CECIL D.**
STREET ADDRESS **4 VANDY COURT**
CITY-ST-ZIP **SAVANNAH, GA 31411**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03
Date

912637-5261
Daytime Phone #

CR2E034 (10/02)