

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90114 018 ***550.00

DOCUMENT # F98000000573

1. Entity Name
WESTERN PNEUMATICS INSTALL, INC.

Principal Place of Business

PO BOX 21340
110 NORTH SENECA
EUGENE OR 97402

Mailing Address

PO BOX 21340
110 NORTH SENECA
EUGENE OR 97402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 North Seneca

3. Mailing Address

PO BOX 21340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eugene OR

City & State

Eugene OR

4. FEI Number 93-1016607

Applied For
Not Applicable

Zip

97402

Country

USA

Zip

97402

Country

USA

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **NICOL, RICHARD J**
STREET ADDRESS **1610 CAL YOUNG ROAD**
CITY-ST-ZIP **EUGENE OR 97401**

TITLE **DV** ☐ Delete
NAME **SANDERS, RICHARD F**
STREET ADDRESS **573 COLONIAL DRIVE**
CITY-ST-ZIP **SPRINGFIELD OR 97477**

TITLE **TD** ☐ Delete
NAME **LIVESAY, BRUCE H**
STREET ADDRESS **1780 WHITE OAK DRIVE**
CITY-ST-ZIP **EUGENE OR 97405**

TITLE **TD** ☐ Delete
NAME **MARSHALL, ROBERT R**
STREET ADDRESS **24243 BOLTON HILL RD**
CITY-ST-ZIP **VENETA OR 97487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary / Director** ☒ Change ☐ Addition
NAME **Nicol, Richard J**
STREET ADDRESS **1610 Cal Young Rd**
CITY-ST-ZIP **Eugene OR 97401**

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

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

TITLE **President / Director** ☒ Change ☐ Addition
NAME **Marshall, Robert**
STREET ADDRESS **24243 Bolton Hill Rd**
CITY-ST-ZIP **VENETA, OR 97487**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)