

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90058 037 ****61.25

DOCUMENT # F98000000910

1. Entity Name

SCALE MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business

6724 LONE OAK BLVD.
NAPLES FL 34109

Mailing Address

6724 LONE OAK BLVD.
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

53-0176151

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

REINFRIED, ROBERT A

~~4885 SHEARWATER LANE~~
NAPLES FL 34119

Name

Street Address (P.O. Box Number is Not Acceptable)

4303 INLA DOVE COURT

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME JOHNSON, WAYNE W
STREET ADDRESS GRAYHILL RD
CITY-ST-ZIP LEOLA PA 17540

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

TITLE D ☐ Delete
NAME NORDEN, F A
STREET ADDRESS 821 LOCUST
CITY-ST-ZIP KANSAS CITY MO 64106

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

TITLE D ☐ Delete
NAME SCHULLER, ROBERT J
STREET ADDRESS 701 S RIDGE AVE
CITY-ST-ZIP TROY OH 45374

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

TITLE D ☐ Delete
NAME REINFRIED, ROBERT A
STREET ADDRESS 6724 LONE OAK BLVD.
CITY-ST-ZIP NAPLES FL 34109

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

TITLE P ☐ Delete
NAME CASTLE, DAVID R
STREET ADDRESS 1000 ARMSTRONG DR
CITY-ST-ZIP FAIRMONT MN 56037

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

TITLE D ☐ Delete
NAME HUBER, PAUL E
STREET ADDRESS 1555 MCCANDLESS DR
CITY-ST-ZIP MILPITAS CA 95035

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)