

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90226 001 \*\*\*150.00

**DOCUMENT # F98000002623**

1. Entity Name  
**MERLE W. SAUDER, INC.**



Principal Place of Business  
**506 NORTH THIRD STREET  
ROANOKE IL 61561**

Mailing Address  
**506 NORTH THIRD STREET  
ROANOKE IL 61561**

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 **37-0966131**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	<b>DST-</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, MARTHANN P</b>	
STREET ADDRESS	<b>1343 DARTMOUTH ROAD</b>	
CITY-ST-ZIP	<b>FLOSSMOOR IL 60422</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAUDER, JOHN J</b>	
STREET ADDRESS	<b>506 NORTH THIRD STREET</b>	
CITY-ST-ZIP	<b>ROANOKE IL 61561</b>	
TITLE	<b>PD-</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAUDER, JOHN J</b>	
STREET ADDRESS	<b>506 N THIRD STREET</b>	
CITY-ST-ZIP	<b>ROANOKE IL 61561</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>228 Beach Rd</b>	
STREET ADDRESS	<b>Sarasota, FL 34242</b>	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>DST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lawrence J. Hoffman</b>	
STREET ADDRESS	<b>228 Beach Rd.</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34242</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marthann P Hoffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03 (941) 346-5510  
Date Daytime Phone #

CR2F034 (10/02)