

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003360

1. Entity Name

HUNTER DOUGLAS METALS, INC.

FILED

00 OCT 24 AM 10:31

Principal Place of Business

915 W. 175TH STREET
HOMEWOOD IL 60430

Mailing Address

915 W. 175TH STREET
HOMEWOOD IL 60430

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4194856

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

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, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME RIBET, GEORGE
STREET ADDRESS 915 W. 175TH STREET
CITY-ST-ZIP HOMEWOOD IL 60430

TITLE VPT ☐ Delete
NAME SFURA, RICHARD
STREET ADDRESS 915 W. 175TH STREET
CITY-ST-ZIP HOMEWOOD IL 60430

TITLE SD ☐ Delete
NAME HILL, THOMAS
STREET ADDRESS 17228 HIGH ROAD
CITY-ST-ZIP SONOMA CA 95476

TITLE D ☐ Delete
NAME SHERWIN, JAMES
STREET ADDRESS ADLIGENSWILERSTRASSE 37, 6006 LUZERN
CITY-ST-ZIP SWITZERLAND

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003487445--8
CITY-ST-ZIP -12/05/00--01051--002
****550.00 ****550.00

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

TITLE ☐ Change ☐ Addition
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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 (5/00)