

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90063 009 ***150.00

REGISTRATION AT

DOCUMENT # F99000000791

1. Entity Name
SKW MASTER BUILDERS, INC.

Principal Place of Business Mailing Address
23700 CHAGRIN BLVD **23700 CHAGRIN BLVD**
CLEVELAND OH 44122-5554 **CLEVELAND OH 44122-5554**

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 Applied For
34-1880920 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHYDLOWSKI, L M	
STREET ADDRESS	23700 CHAGRIN BLVD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BOMBEI, GARY V	
STREET ADDRESS	23700 CHAGRIN BLVD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	VINOCUR, PETER A	
STREET ADDRESS	23700 CHAGRIN BLVD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	BOYER, J P	
STREET ADDRESS	23700 CHAGRIN BLVD	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COTTRELL, CABERIEL	
STREET ADDRESS	23700 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	VPRD	<input type="checkbox"/> Delete
NAME	SECRE, WILLIAM	
STREET ADDRESS	23700 CHAGRIN BLVD	
CITY-ST-ZIP	CLEVELAND OH 44122	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kehr, Donald A.	
STREET ADDRESS	23700 Chagrin Blvd	
CITY-ST-ZIP	Cleveland, OH 44122	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fenzlger, John R.	
STREET ADDRESS	23700 Chagrin Blvd	
CITY-ST-ZIP	Cleveland, OH 44122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cottrell, Gabriel	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED Director Date: Jan 7 2002 Daytime Phone #: (216) 839-7191

CR2E034 (9/01)