

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90018 024 ***550.00

DOCUMENT # F99000004499

1. Entity Name
ALLIED PLYWOOD CORPORATION

Principal Place of Business
6189 GROVEDALE COURT
ALEXANDRIA VA 22310

Mailing Address
6189 GROVEDALE COURT
ALEXANDRIA VA 22310

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 **54-0605603**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT

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
After MAY 1, 2001
Fee IS \$150.00
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	SHAW, ROBERT A	
STREET ADDRESS	6189 GROVEDALE COURT	
CITY-ST-ZIP	ALEXANDRIA VA 22310	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCALES, GENE C	
STREET ADDRESS	6189 GROVEDALE COURT	
CITY-ST-ZIP	ALEXANDRIA VA 22310	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	HARRIS, KENNETH C	
STREET ADDRESS	6189 GROVEDALE COURT	
CITY-ST-ZIP	ALEXANDRIA VA 22310	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROZZILLO, RAYMOND V II	
STREET ADDRESS	6189 GROVEDALE COURT	
CITY-ST-ZIP	ALEXANDRIA VA 22310	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURLAND, DANIEL	
STREET ADDRESS	6189 GROVEDALE COURT	
CITY-ST-ZIP	ALEXANDRIA VA 22310	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNER, NORMAN	
STREET ADDRESS	6189 GROVEDALE COURT	
CITY-ST-ZIP	ALEXANDRIA VA 22310	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/30/01

(703) 922-2805

CR2E034 (10/00)