

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005727

1. Entity Name

NORTHWEST MICROWAVE, INCORPORATED

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90177 019 ***150.00

Principal Place of Business

Mailing Address

901 EAST PITCHER STREET
YAKIMA WA 98901

901 EAST PITCHER STREET
YAKIMA WA 98901

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 **91-1320614**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	NOEL, RODGER	1001 SOUTH 1ST STREET	YAKIMA WA 98901	<input type="checkbox"/>
VD	NOEL, JASON	1001 SOUTH 1ST STREET	YAKIMA WA 98901	<input type="checkbox"/>
VD	NOEL, JUSTIN	1001 SOUTH 1ST STREET	YAKIMA WA 98901	<input type="checkbox"/>
SD	ESTES, LARRY	1001 SOUTH 1ST STREET	YAKIMA WA 98901	<input type="checkbox"/>
TD	ZIMMERMAN, CINDY	1001 SOUTH 1ST STREET	YAKIMA WA 98901	<input type="checkbox"/>
				<input type="checkbox"/>

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

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 #

Cindy Zimmerman **CINDY ZIMMERMAN** 1/3/00 509-248-1313

CR2E034 (10/00)