

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 22, 2001 08:00 AM
Secretary of State

DOCUMENT # H69343

1. Entity Name
PRIME FOREST PRODUCTS, INC.

Principal Place of Business
2600 E. HIGHWAY 146
P.O. BOX 68
LAGRANGE KY 40031

Mailing Address
2600 E. HIGHWAY 146
P.O. BOX 68
LAGRANGE KY 40031

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
59-2561438

Applied For
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

NENTWIG RONALD W
1300 W. INDUSTRIAL AVE.
BLDG. A. BAYS 105-107
BOYNTON BEACH FL 33426 US

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 01/22/2001

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 GIRARDI, TIMOTHY ☐ Delete
STREET ADDRESS 8010 SHADOWCREEK RD
CITY-ST-ZIP CRESTWOOD KY

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

TITLE
NAME D GUDMUNDSSON, ORN ☐ Delete
STREET ADDRESS 114 TRIBAL ROAD
CITY-ST-ZIP LOUISVILLE KY

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

TITLE
NAME VD NENTWIG, RONALD ☐ Delete
STREET ADDRESS 7601 S.W. 144TH TERR.
CITY-ST-ZIP MIAMI FL

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

TITLE
NAME SD GUDMUNDSSON, JON S. (JR) ☒ Delete
STREET ADDRESS 10518 BUCKEYE TRACE
CITY-ST-ZIP GOSHEN KY

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: Ronald Nentwig

PRES

01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)