

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90006 046 ****50.00

DOCUMENT # M99000000365

1. Entity Name

UNIVERSAL FOREST PRODUCTS SHOFFNER LLC



Principal Place of Business

**5631 S. NC 62
BURLINGTON NC 27215**

Mailing Address

**2801 E BELTLINE NE
GRAND RAPIDS MI 49525**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

5631 South NC 62

City & State

City & State

Burlington, NC

Zip

Country

Zip

Country

27215

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **56-2112240**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **WRIGHT, GARY A**
STREET ADDRESS **5631 S. NC 62**
CITY-ST-ZIP **BURLINGTON NC 27215**

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

TITLE **MGRM** ☐ Delete
NAME **UNIVERSAL FOREST PRODUCTS EASTERN DIVISION**
STREET ADDRESS **2801 E. BELTLINE NE**
CITY-ST-ZIP **GRAND RAPIDS MI 49525**

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

TITLE **Executive Vice President** ☒ Delete
NAME **Donald L. James**
STREET ADDRESS **5631 South NC 62**
CITY-ST-ZIP **Burlington, NC 27215**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/03 **336-226-9356**

CR2E083 (10/02)