## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000106115

1. Entity Name

SNAVELY FOREST PRODUCTS (FL) CO.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90490 012 \*\*\*150.00

						COO WE THE	·								
Principal Place 5300 RECKER BLDG #11 WINTER HAVE	HIGHWAY	Mailing Address 600 DELEARE ROAD PITTSBURGH PA 15236													
2. Principal P	lace of Busin	3. Mailing Address  600 DELWAR KA						O IKI <b>UE</b> AIK	EBIRI BBRII				} <b>                                   </b>		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			■ 4	CHECK HERE IF MAKING CHANGES							
City & State			City & State			<del>.</del>	<b>4.</b> F	4. FEI Number 59-368183			36		Applied For Not Applicable		]
Zip Country		Country	Zip		Country		5. (	 Certificate	of Status	Desired	; <u> </u>		8.75 Add	ditional	1
	6. Name	and Address of Current	Registere	d Agent			7. N	Name and	Address	of New	/ Regist				_
						Name	KE C	JURD /							7
HURLEGS						Street Address (P.O. Box Number is Not Acceptable)									
	KER HIGH	NAY											*		-
BLDG #11															
WINTER H	IAVEN FL 3	•			City					FL	Zip Cod	e			
	named entit ions of regist	y submits this statement for ered ogent	u d	<u>/</u>					h, in the	State of			miliar with,	and accept	
	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOT	fE: Register	ed Agent signature re	quired when re	einstating)			-	DATE			4
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of			State					1	ection Ca ist Fund			ng 🗆		00 May Be d to Fees	
10.		OFFICERS AND		RS	11.		AD	DITIONS/	CHANG	ES TO O	FFICERS	S AND [	DIRECTOR	S IN 11	١.
TITLE NAME STREET ADDRESS CITY-SI-ZIP	600 DELW	STEPHEN V /AR ROAD GH PA 15236		☐ Delete				•					☐ Change	☐ Addition	(00/07)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FITZSIMM 600 DELV	ONS, SUSAN S /AR ROAD GH.PA 15236		☐ Delete							·		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 PELN	USEN, JOHN AR ROAD IGH PA 15236	<del></del>	☐ Delete		i i							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SNAVELY, 600 DELW PITTSBUR			☐ Delete									☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	1								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete									☐ Change	Addition	

12. 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 true deep the world on execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accurate with an accurate with an accurate with an accurate with a statute of the corporation of the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation of the corporation or the receiver or true deep the corporation or t

SIGNATURE:

HICKERE REQUIRED
SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03

412 885 4000

Daytime Phone #