

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16433

1. Entity Name

W.M. CRAMER LUMBER CO.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90184 038 ***158.75

Principal Place of Business

Mailing Address

TEXS FISH CAMP RD.
P.O. BOX 2888
HICKORY NC 28603-2888

TEXS FISH CAMP RD.
P.O. BOX 2888
HICKORY NC 28603-2888

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1020184

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

O'BAUGH, MIKE
110 TECH DRIVE
SANFORD FL 32772

Name

Tom Stout

Street Address (P.O. Box Number is Not Acceptable)

110 Tech Drive

City

Sanford

FL

Zip Code

32772

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

Tom Stout

Tom Stout

1/10/00

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, 2000 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 ☐ Delete
NAME CRAMER, WENDELL M
STREET ADDRESS 3515 FALLING CREEK RD
CITY-ST-ZIP HICKORY NC

TITLE STD ☒ Delete
NAME MYLES, GEORGE
STREET ADDRESS ONE RIDGE LN
CITY-ST-ZIP ELKINS WV

TITLE V ☐ Delete
NAME RENDLEMAN, CHRIS M
STREET ADDRESS 1321 18TH AVE NE
CITY-ST-ZIP HICKORY NC

TITLE D ☐ Delete
NAME CRAMER, JUDITH
STREET ADDRESS 3515 FALLING CREEK RD
CITY-ST-ZIP HICKORY NC

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Chris M. Rendleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(828) 397-7481

Daytime Phone #

CR2000-14 (1/98)