

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90154 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P20983**
1. Entity Name
EMPIRE WHOLESALE LUMBER CO.

DO NOT WRITE IN THIS SPACE

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 **34-0702423**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
GRAVES, J. HARVEY
525 ST. ANDREWS DR.
AKRON, OH 44303

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
GRAVES, PATRICIA L.
525 ST. ANDREWS DR.
AKRON, OH 44303

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VD
CARROLL, PETER A.
313 TIMBER RIDGE
CUYAHOGA FALLS, OH 44223

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SD
GRAVES, JOHN H., JR.
1346 VILLAGE DR.
AKRON, OH 44313

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
GRAVES, MARY ANN
6716 HURSEY ST
DALLAS, TX 75205

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
DICKEY, DIANNE GRAVES
3829 PURDUE AVENUE
DALLAS, TX 75225

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 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 #

330-434-4545

CR2E034B (12/01)