

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33013

1. Entity Name

OZARK WAREHOUSE CORPORATION

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90059 024 ***150.00

Principal Place of Business

Mailing Address

1601 PUMP STATION ROAD
FAYETTEVILLE AR 72701
US

PO BOX 1528
FAYETTEVILLE AR 72702-1528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0608715

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. 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.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MUROV, RICHARD A.	9421 RED RICK DR.	SHREVEPORT LA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SHALINSKY, BARRY	645 CONNECTICUT ST.	LAWRENCE KS	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CEO	MASULLO, NICK	1837 N. RIPPLE ROAD	FAYETTEVILLE AR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	NEWMAN, JOHN	319 HOLLY ST.	FAYETTEVILLE AR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	KELLEY, DAN	978 HALE RD	ELKINS AR 72703	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	KING, BLUE	230 CEDAR RIDGE DR	MADISON MS 39110	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nick Masullo NICK MASULLO 3.14.00 521 4920