

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90059 048 \*\*\*150.00

**DOCUMENT # P33013**

**1. Entity Name**  
**OZARK WAREHOUSE CORPORATION**



**Principal Place of Business**  
**1601 PUMP STATION ROAD**  
**FAYETTEVILLE AR 72701**  
**US**

**Mailing Address**  
**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

Zip

Country

Zip

Country

**4. FEI Number** 71-0608715

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**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. 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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**T** ☐ Delete  
**TITLE**  
**NAME** MUROV, RICHARD A.  
**STREET ADDRESS** 9421 RED RICK DR.  
**CITY-ST-ZIP** SHREVEPORT LA

**D** ☐ Change ☒ Addition  
**TITLE**  
**NAME** BOON-HIGHBERGER  
**STREET ADDRESS** 1301 VERMONT  
**CITY-ST-ZIP** LAWRENCE, KS 66044

**D** ☐ Delete  
**TITLE**  
**NAME** SHALINSKY, BARRY  
**STREET ADDRESS** 6020 FLORA VISTA AVE  
**CITY-ST-ZIP** TAMPA FL 33604

**S** ☐ Change ☒ Addition  
**TITLE**  
**NAME** MARK MERCER  
**STREET ADDRESS** 1075 MYERS PARK DR  
**CITY-ST-ZIP** TALLAHASSEE, FL 32301

☐ Delete  
**TITLE**  
**NAME** MASULLO, NICK  
**STREET ADDRESS** 1837 N. RIPPLE ROAD  
**CITY-ST-ZIP** FAYETTEVILLE AR

**P** ☐ Change ☒ Addition  
**TITLE**  
**NAME** LISA HARRIS  
**STREET ADDRESS** 1540 New Hampshire St  
**CITY-ST-ZIP** Lawrence, KS 66044

**P** ☐ Delete  
**TITLE**  
**NAME** KING, BLUE  
**STREET ADDRESS** 230 CEDAR RIDGE DR  
**CITY-ST-ZIP** MADISON MS 39110

**V** ☒ Change ☐ Addition  
**TITLE**  
**NAME** KING, BLUE  
**STREET ADDRESS** 230 Cedar Ridge Dr  
**CITY-ST-ZIP** madison, MS 39110

☒ Delete  
**TITLE**  
**NAME** KELLEY, DAN  
**STREET ADDRESS** 978 HALE RD  
**CITY-ST-ZIP** ELKINS AR 72703

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

**P** ☐ Delete  
**TITLE**  
**NAME** O'CONNOR, NANCY  
**STREET ADDRESS** 1198 NORTH 700 ROAD  
**CITY-ST-ZIP** MADISON MS 39110

**D** ☒ Change ☐ Addition  
**TITLE**  
**NAME** O'CONNOR, NANCY  
**STREET ADDRESS** 1198 N. 700 Rd  
**CITY-ST-ZIP** Lawrence, KS 66047

**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 trustee empowered to 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 address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nick Masullo* 3-25-03 479-521-4920  
**NICK MASULLO**

CR2E034 (10/02)