

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90001 036 ***158.75

DOCUMENT # P98000033107

1. Entity Name **MILLWORK SALES, INC.**

Principal Place of Business

**701 NW 33RD ST
 STE 190
 POMPANO BCH FL 33064
 US**

Mailing Address

**6487 PEACHTREE IND. BLVD
 STE A
 DORAVILLE GA 30388
 US**

2. Principal Place of Business

3. Mailing Address

401 HARBOR ISLES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KLAMATH FALLS, OR

4. FEI Number

58-2388250

Applied For

Not Applicable

Zip

Country

Zip

Country

97601

USA

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

**C T CORPORATION SYSTEM
 1200 SOUTH 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, 2002 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 **D/P** ☒ Delete
 NAME **SUTHERLAND, CHARLES M JR**
 STREET ADDRESS **7905 TROON CIRCLE**
 CITY-ST-ZIP **AUSTELL GA 30168**

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

TITLE **D** ☒ Delete
 NAME **SUTHERLAND, JANICE M**
 STREET ADDRESS **7905 TROON CIRCLE**
 CITY-ST-ZIP **AUSTELL GA 30168**

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

TITLE **D** ☒ Delete
 NAME **SUTHERLAND, DAVID B**
 STREET ADDRESS **7905 TROON CIRCLE**
 CITY-ST-ZIP **AUSTELL GA 30168**

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

TITLE **T/AS** ☒ Delete
 NAME **BRYAN, ALLEN**
 STREET ADDRESS **7905 TROON CIRCLE**
 CITY-ST-ZIP **AUSTELL GA 30168**

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

TITLE **S** ☒ Delete
 NAME **POWELL, HUGH R JR**
 STREET ADDRESS **6487 PEACHTREE IND. BLVD STE A**
 CITY-ST-ZIP **DORAVILLE GA 30380**

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

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Daniel B. Young** **VICE PRESIDENT & DIRECTOR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(541) 882-3451

CR2E034 (9/01)

Attachment
DOC# P98000033107
60030967

Millwork Sales, Inc.

OFFICERS & DIRECTORS

<u>NAME AND TITLE</u>	<u>ADDRESS</u>	<u>CITY, STATE</u>	<u>ZIP</u>	<u>TELEPHONE #</u>
Mark Blanchat, President Director	3250 Lakeport Blvd	Klamath Falls, OR	97601	(541) 882-3451
Don Young, Vice President	401 Harbor Isles Blvd	Klamath Falls, OR	97601	(541) 882-3451
K. E. Hoggarth, Vice President	401 Harbor Isles Blvd	Klamath Falls, OR	97601	(541) 882-3451

*** For security reasons, we provide only business addresses for our officers.