

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FP

DOCUMENT # P98000033107

1. Entity Name  
MILLWORK SALES, INC.



FILED

03 JAN 22 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
701 NW 33RD ST  
STE 190  
POMPANO BCH FL 33064  
US

Mailing Address  
401 HARBOR ISLES BLVD  
KLAMATH FALLS OR 97601  
US

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 58-2388250

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

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. 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

TITLE D/P ☐ Delete  
NAME BLANCHAT, MARK  
STREET ADDRESS 3250 LAKEPORT BLVD  
CITY-ST-ZIP KLAMATH FALLS OR 97601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300010409603  
CITY-ST-ZIP 01/22/03--01032--002 \*\*158.75

TITLE VP ☐ Delete  
NAME YOUNG, DON  
STREET ADDRESS 401 HARBOR ISLES BLVD  
CITY-ST-ZIP KLAMATH FALLS OR 97601

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

TITLE VP ☐ Delete  
NAME HOGGARTH, K. E  
STREET ADDRESS 401 HARBOR ISLES BLVD  
CITY-ST-ZIP KLAMATH FALLS OR 97601

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

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:

*Don Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(541) 882-3451

CR2E034 (10/02)