

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90080 001 ***300.00

DOCUMENT # 828606

1. Entity Name
UNIVERSAL FOREST PRODUCTS, INC.

Principal Place of Business

**2801 E BELTLINE, N.E.
 GRAND RAPID MI 49525**

Mailing Address

**2801 E BELTLINE, N.E.
 GRAND RAPID MI 49525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-1465835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



10001

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEILL, KEVIN
 105 PROGRESS RD
 AUBURNDALE FL 33823-7217**

Name

John Harper

Street Address (P.O. Box Number is Not Acceptable)

105 Progress Rd.

City

Auburn Dale

FL

Zip Code

33823-7217

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

John Harper

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	CEO	<input type="checkbox"/> Delete
NAME	CURRIE, WILLIAM G.	
STREET ADDRESS	1830 BEARD DR. S.E.	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COLE, MICHAEL R	
STREET ADDRESS	2801 E BELTLINE NE	
CITY-ST-ZIP	GRAND RAPIDS MI 49525	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MISSAD, MATTHEW J	
STREET ADDRESS	1624 RIVA RIDGE DR. S.E.	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLENN, MICHAEL B	
STREET ADDRESS	1405 BOLLYBUNION SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	
TITLE	C	<input type="checkbox"/> Delete
NAME	SECCHIA, PETER F	
STREET ADDRESS	2833 BONNELL, SE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Signature*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 **616 364 6161**
 Date Daytime Phone #

20020001

CR2E034 (9/01)