2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 91048 012 ***150.00

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-1465835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, JOHN
105 PROGRESS RD.
AUBURNDALE FL 33823-7217

7. Name and Address of New Registered Agent

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	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CURRIE, WILLIAM G.	NAME	
STREET ADDRESS	1830 BEARD DR. S.E.	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	CITY-ST-ZIP	
TITLE	VT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLE, MICHAEL R	NAME	
STREET ADDRESS	2801 E BEHLINE NE	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49525	CITY-ST-ZIP	
TITLE	SVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MISSAD, MATTHEW J	NAME	
STREET ADDRESS	1624 RIVA RIDGE DR. S.E.	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLENN, MICHAEL B	NAME	
STREET ADDRESS	1405 BOLLYBUNION SE	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	CITY-ST-ZIP	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SECCHIA, PETER F	NAME	
STREET ADDRESS	2833 BONNELL, SE	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: (V) SIGNATURE REQUIRED Michael R Cole 1/15/03 616 364 6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)