

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90090 005 \*\*\*150.00

**DOCUMENT # F00000001237**

1. Entity Name  
**NORTHWOOD MANUFACTURING, INC.**



Principal Place of Business  
P.O. BOX 3359  
LA GRANDE OR 97850

Mailing Address  
P.O. BOX 3359  
LA GRANDE OR 97850

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 **93-1180082**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PCD NASH, RONALD	10305 WHITE BIRCH LANE ISLAND CITY OR 97850	<input type="checkbox"/>			
V DANIELS, CURTIS C	10305 WHITE BIRCH LANE ISLAND CITY OR 97850	<input checked="" type="checkbox"/>			
V LEWIS, ERNEST P	1040-B N.W. 12TH PENDLETON OR 97801	<input type="checkbox"/>			
STD NASH, SHERRY A	10305 WHITE BIRCH LANE ISLAND CITY OR 97850	<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

8158 = 150.00  
123

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

**RONALD L NASH**  
**PRESIDENT**

**1-6-03**

Date

**541-962-6274**

Daytime Phone #