


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90250 042 \*\*\*150.00

**DOCUMENT # P24360**

1. Entity Name  
**WILLIAMSPORT WIREROPE WORKS, INC.**



Principal Place of Business  
**100 MAYNARD ST.,  
WILLIAMSPORT PA 17701**

Mailing Address  
**100 MAYNARD ST.,  
WILLIAMSPORT PA 17701**

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 **23-2552634**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM,  
1200 S. PINE ISLAND ROAD,  
PLANTATION FL 33324**

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 *Virgil D. Probasco* DATE *1/30/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	VCD	<input type="checkbox"/> Delete
NAME	SHEEHAN, JOHN E.	
STREET ADDRESS	1928 CARROLLTON ROAD	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ORTEL, KATHLEEN	
STREET ADDRESS	451 WAGGAMON CIR	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORTEL, KATHLEEN	
STREET ADDRESS	451 WAGGAMON CIRCLE	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE	P	<input type="checkbox"/> Delete
NAME	PROBASCO, VIRGIL	
STREET ADDRESS	6115 ROSE VALLEY RD	
CITY-ST-ZIP	TROUT RUN PA 17771	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RICHARDS, LAMAR	
STREET ADDRESS	1623 CHESTNUT ST	
CITY-ST-ZIP	WILLIAMSPORT PA 17701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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 REQUIRED** DATE: *1/30/03* DAYTIME PHONE #: *570-326-5146*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)