

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**


04-20-2000 90034 020 \*\*\*150.00

**DOCUMENT # 667345**  
 1. Entity Name  
**FLORIDA LUMBER INSPECTION SERVICE, INC.**

Principal Place of Business      Mailing Address  
 515 N. WASHINGTON ST.  
 PERRY FL 32347  
 US  
 P.O. BOX 1363  
 PERRY FL 32348-7363  
 US

2. Principal Place of Business      3. Mailing Address  
 1641 Sigman Road      P.O. Box 898  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Conyers GA      Conyers  
 Zip      Country      Zip      Country  
 30012      Rockdale      30012      Rockdale

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DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
 59-2004213      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEE, KENNETH W**  
**RT. 5 BOX 17**  
**PERRY FL 32347**

7. Name and Address of New Registered Agent  
 Name  
 Mark Lee  
 Street Address (P.O. Box Number is Not Acceptable)  
 124 Pine Tree Road  
 City      State      Zip Code  
 Perry      FL      32347

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 Mark Lee Field Representative      DATE 3-21-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, KENNETH W RT. 5, BOX 17 PERRY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Tres. Ronald L. Williams 1641 Sigman Rd. Conyers, GA 30012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, MARILYN J RT. 5, BOX 17 PERRY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Sec. James L. Respass 1641 Sigman Rd. Conyers GA 30012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or without other like empowered.

SIGNATURE: James L. Respass      DATE 3/21/00      DAYTIME PHONE # 770-922-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)