2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 667345 1. Entity Name FLORIDA LUMBER INSPECTION SERVICE, INC.					Secretary of State 02-21-2002 90165 002 ***150.00		
Principal Place of Business 1641 SIGNAN RD . CONYERS GA: 30012 US		Mailing Address P.O. BOX 898 CONYERS GA 30012 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-200421	3	Applied For Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 / Fee Requ	
~	6. Name and Address of Current Re	gistered Agent	·	7.	Name and Address of New	Registered Agent	
			Na	ame			
LEE, MARK 124 PINE TREE RD PERRY FL 32347			Sti	Street Address (P.O. Box Number is Not Acceptable)			
			Cir	City FL Zip Code			
Tax filing (oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Payal		be \$550.00 tment of State	10. Election Campaign F Trust Fund Contribut	ion. 🗆 Add	5.00 May Be ded to Fees
11.	OFFICERS AND DI	RECTORS	12.	Al	ODITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS ÇITY-ST-ZIP	PT WILLIAMS, RONALD L 1641 SIGMAN RD CONYERS GA 30012	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI			☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RESPESS, JAMES L 1641 SIGMAN RD CONYERS GA 30012	☐ Delete	TITLE NAME STREET ADI CITY-ST-2			☐ Chang	ge [] Addition (
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADO CITY-ST-Z			☐ Chang -	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADE CITY-ST-Z	l		☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 -	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	IP		☐ Chang	
of the cor	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower, or on an attachment with an address, with	ered to execute this report	i as required t	on stated in Section shall have the same by Chapter 607, Flor	119.07(3)(i), Florida Statutes legal effect as if made unde ida Statutes; and that my na	s. I further certify that the roath; that I am an office me appears in Block 1	e information per or director 1 or Block 12 if

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-8-02

(770) 922-8000

Daytime Phone #