Jan. 28. 2003 9:55AM MOBILE FOREST PRODUCLS

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90959 046 ***150.00

DOCUMENT # F02000005598

1. Entity Name
MOBILE FOREST PRODUCTS, INC.

Principal Place of Business	Mailing Address
3151-B MIDTOWEN PARK. SOUTH MOBILE AL 36606	3151-B MIDTOWEN PARK. SOUTH MOBILE AL 36606

☐ CHECK HERE IF MAKING CHANGES

	2. Principal Place of Business	3. Mailing Address
Street	3151 MIDTOWN PARK SOUTH	3151 MIDTOWN PARK SOUTH
Suite, Apt. #, etc		
City & State	MOBILE AL	MOBILE AL
Zip	36606	36606
Country		

4. FEI Number 63-0888688 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SHARP, STANLEY W~~
~~371 CRESTFIELD CIRCLE~~
~~CANTONMENT FL 32533~~

7. Name and Address of New Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
City: Plantation FL Zip Code 33324

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 Dale W. Morris DALE W. MORRIS ASSISTANT VICE PRESIDENT 1-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZUKLEY, JOHN E		NAME	
STREET ADDRESS	4309 MARQUETTE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608		CITY-ST-ZIP	
TITLE	VSCD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHARP, ROBERT P		NAME	
STREET ADDRESS	3724 KENTAN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36606		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			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: SIGNATURE REQUIRED 2-14-03 251-476-8184