

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90044 031 \*\*\*150.00

**DOCUMENT # F98000004944**

1. Entity Name  
**ADVANCED SAWMILL MACHINERY, INC.**

Principal Place of Business 481 MACHINERY CIRCLE HOLT FL 32564 US		Mailing Address 481 MACHINERY CIRCLE HOLT FL 32564-9557 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3213788**  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent <b>TODD W. TIEFEL</b> <b>CAVANAUGH, DANIEL A</b> 481 MACHINERY CIRCLE HOLT FL 32564		7. Name and Address of New Registered Agent Name <b>TODD W. TIEFEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>481 MACHINERY CIRCLE</b> City <b>HOLT</b> FL Zip Code <b>32564</b>	
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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 (NOTE: Registered Agent signature required when reinstating) DATE **4/13/00**

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	<b>PD</b> <b>SEFFENS, DAVID E</b> <b>ONE BALMORAL DRIVE</b> <b>NICEVILLE FL</b> <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	<b>VD</b> <b>BRADSHAW, KEITH A</b> <b>4678 LOVEGRASS LANE</b> <b>CRESTVIEW FL</b> <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	<b>S</b> <b>CAVANAUGH, DAN</b> <b>617 S.E. BAUBLITS DRIVE</b> <b>PENSACOLA FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>TODD W. TIEFEL</b> <b>304 COUNTRY CLUB RD.</b> <b>CONWAY, AR 72032</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TIEFEL, TODD</b> <b>304 COUNTRY CLUB ROAD</b> <b>CONWAY AR</b> <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	<b>CD</b> <b>HARVEY, EDWARD M</b> <b>1406 CANTRELL ROAD</b> <b>LITTLE ROCK AR</b> <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	<b>D</b> <b>ROBERSON, RUSSELL</b> <b>4427 AMBER LAKE COVE</b> <b>NICEVILLE FL</b> <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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TODD W. TIEFEL** **TIEFEL** DATE **4/13/00** DAYTIME PHONE # **850-537-5333**

CR2E034 (9/99)