## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE:

## May 12, 2002 8:00 am Secretary of State DOCUMENT # L83979 1. Entity Name MID-SOUTH LUMBER CO. OF NORTHWEST FLORIDA, INC. 05-12-2002 90574 039 \*\*\*150.00 Principal Place of Business Mailing Address 1065 FLORIDA AVENUE P. O. BOX 1007 PANAMA CITY FL 32401 PANAMA CITY FL 32402 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 Applied For 59-3018982 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTOG, CURTIS DEAN Street Address (P.O. Box Number is Not Acceptable) 3517 PITSENBARGER CT PANAMA CITY FL 32403 City 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. SGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change CR2E034 (9/01) TITLE ☐ Delete Hartog, Curtis D HARTOG, CURTIS D NAME 3106 Wood Valley Rd STREET ADDRESS 3517 PITSENBARGER CT STREET ADDRESS Panama City FL 32405 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32403 Change ☐ Detete THTLE TITLE Hartog, Stephanie A NAME NAME HARTOG, STEPHANIE A Wood Valley Rd STREET ADDRESS STREET ADDRESS 3517 PITSENBARGER CT CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32403 ☐ Delete TITLE ☐ Change ☐ Addition TITLE VP. HARTOG, DONALD D NAME? NAME STREET ADDRESS STREET ADDRESS 2209 4TH AVE S CITY-ST-ZIF CITY-ST-ZIP MOORHEAD MN 56560 Change ☐ Delete TITLE ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Date Daytime Phone #

**FILED**