2002 UNIFO M BUSINESS REPORT (UBR)

FILED Apr 11, 2002 8:00 am Secretary of State

1. Entity Name SETZER LUMBER COMPANY				04-11-2002 90703 030 ***150.00		
2 Mg		**************************************	A F 1767			
Principal Place of Business Mailing Address 818 BAYSIDE DR. 818 BAYSIDE DR. TAMPA FL 33609 TAMPA FL 33609			e to the second			
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2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State	 	- 05 01 (E 100)	pplied For lot Applicable	
Zip	Country -	Zip	Country	5. Certificate of Status Desired S8.75 Ad Fee Require	Iditional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
818	ZER,JOHN D BAYSIDE DR		Street Addres	s (P.O. Box Number is Not Acceptable)	<u> </u>	
TAM	PA FL 33609				-	
. ?	the second second	Section 1985	City	FL Zip Coo	de	
8. The above	named entity submits this statement fo	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable. (NOT	E: Registered Agent signature requ	ered when reinstating) DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	III FEE IS \$150.00 01 Fee will be \$550.0 ble to Department of S	Adds Trust Fund Contribution	O May Be d to Fees	
11.	OFFICERS AND					
TITLE	SID	DIRECTORS	12 .	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11	
		Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change	RS IN 11	
NAME	SETZER, A T		TITLE NAME			
STREET ADDRESS	818 BAYSIDE DR		TITLE NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
STREET ADDRESS	818 BAYSIDE DR TAMPA, FL 00000 PD SETZER, JOHN D		TITLE NAME STREET ADDRESS			
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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:

John Delife

4/5/02

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