

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90010 022 \*\*\*158.75

**DOCUMENT # 223412**

1. Entity Name

**COMBS LUMBER AND SUPPLY INC**

Principal Place of Business

**300 NW 8TH AVE  
 PO BOX 1289  
 GAINESVILLE FL 32601**

Mailing Address

**300 NW 8TH AVE  
 PO BOX 1289  
 GAINESVILLE FL 32601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0867245**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMBS, WILLIAM S.  
 300 NW 8TH AVE  
 GAINESVILLE FL 32601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW !! FEE IS \$150.00**  
**After MAY 1, 2001 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 **PD** ☐ Delete  
 NAME **COMBS, WILLIAM S.**  
 STREET ADDRESS **300 NW 8TH AVE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed this report, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

Date

Daytime Phone #

**WILLIAM S COMBS** **4/22/01** **(352) 376-7546**

CR2E034 (10/00)