

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90214 021 ***150.00

DOCUMENT # 234877

1. Entity Name
ADAMS TIMBER COMPANY, INC.



Principal Place of Business
855 FERDON BLVD.
CRESTVIEW FL 32536

Mailing Address
P.O. BOX 631
CRESTVIEW FL 32536

40006880



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 **59-0900062**

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

ADAMS, LONNIE JACK
725 ADAMS DR
CRESTVIEW FL 32536

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE 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	VD	<input type="checkbox"/> Delete
NAME	ADAMS, PHILIP L	
STREET ADDRESS	3721 WARD BASIN ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADAMS, LONNIE JACK	
STREET ADDRESS	725 ADAMS DR.	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, JEFF N	
STREET ADDRESS	7868 YELLOW RIVER BAPTIST CHURCH RD	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHEY, PATRICIA A	
STREET ADDRESS	2532 SOUTH LAKEVIEW DRIVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lonnie Jack Adams

1-20-03

850-682-1717

Date

Daytime Phone #

CR2E034 (10/02)