

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90083 047 \*\*\*550.00

**DOCUMENT # 238205**

1. Entity Name  
**ATLANTIC LUMBER COMPANY, INC.**

Principal Place of Business

5213 S.W. 91ST DRIVE  
 GAINESVILLE FL 32608  
 US

Mailing Address

5213 S.W. 91ST DRIVE  
 GAINESVILLE FL 32608  
 US

977354



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5745 SW 75th St  
 Suite, Apt. #, etc.  
 #262

3. Mailing Address

5745 SW 75th St  
 Suite, Apt. #, etc.  
 #262

City & State  
 Gainesville, FL

City & State  
 Gainesville, FL

4. FEI Number **59-0901202**

Applied For  
 Not Applicable

Zip  
 32608

Country  
 USA

Zip  
 32608

Country  
 USA

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

DICKERT, PAUL W  
 5213 S.W. 91ST DRIVE  
 GAINESVILLE FL 32608

Name **Paul W. Dickert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3939 SW 93rd Drive**  
 City **Gainesville** FL Zip Code **32608**

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

8/26/02

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

(NOTE: Registered Agent 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **DICKERT, PAUL W**  
 STREET ADDRESS **5213 S.W. 91 DRIVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Paul W. Dickert**  
 STREET ADDRESS **3939 SW 93rd Drive**  
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **VP** ☐ Delete  
 NAME **DICKERT, MARK R**  
 STREET ADDRESS **5213 S.W. 91 DRIV**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Mark R. Dickert**  
 STREET ADDRESS **3409 54th Drive West #103**  
 CITY-ST-ZIP **Bradenton, FL 34210**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 (352) 284-6752

Date Daytime Phone #

CR2E034 (4/02)