

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # 300335

1. Entity Name

LEE WOOD AND TIMBER COMPANY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

04-07-2000 90049 028 ***150.00

Principal Place of Business
5245 RAMSEY WAY, STE 7
FORT MYERS FL 33902-8386
US

Mailing Address
5245 RAMSEY WAY, STE 7
PO BOX 1386
FORT MYERS FLA 33902-1386
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1549800** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CUTSHALL, PAUL
21731 TUCKAHOE ROAD
FORT MYERS, FLORIDA
ALVA FL 33920

7. Name and Address of New Registered Agent
Name *Dellute, Carmen Big.*
Street Address (P.O. Box Number is Not Acceptable) *The Dellute Law Group, P.A.*
1809 Colonial Blvd.
City *St. Myers* FL Zip Code *33907*

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 *Paul L. Cutshall* (NOTE: Registered Agent signature required when reinstating) DATE *4/24/2000*
3/31/00

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, 2000 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	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTSHALL, GAIL		NAME		
STREET ADDRESS	21731 TUCKAHOE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ALVA FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTSHALL, PAUL		NAME		
STREET ADDRESS	21731 TUCKAHOE ROAD		STREET ADDRESS		
CITY-ST-ZIP	ALVA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul L. Cutshall* DATE *3/31/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)