

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90017 028 \*\*\*158.75

0596069 AT

**DOCUMENT # 322603**

1. Entity Name

**VOLUSIA TIMBER CORPORATION**

Principal Place of Business

1330 N HWY 17  
P.O. BOX 1  
PIERSON FL 32180-0001  
US

Mailing Address

1330 N HWY 17  
P.O. BOX 1  
PIERSON FL 32180-0001  
US

2. Principal Place of Business

411 North Center St.  
Suite, Apt. #, etc.  
PO Box 1

3. Mailing Address

411 North Center St.  
Suite, Apt. #, etc.  
PO Box 1

City & State

Pierson FL

City & State

Pierson FL

Zip

32180

Country

USA

Zip

32180

Country

USA

4. FEI Number

59-1174669

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBRIGHT, THOMAS D.  
141 BUCKSKIN LANE  
ORMOND BCH. FL 32074

7. Name and Address of New Registered Agent

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.

(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 \$150.00**  
**After May 1, 2002 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

TITLE CD ☐ Delete  
NAME ALBRIGHT, THOMAS B  
STREET ADDRESS 1 ARROWHEAD DRIVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE PDSM ☐ Delete  
NAME ALBRIGHT, THOMAS D.  
STREET ADDRESS 141 BUCKSKIN LANE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☐ Delete  
NAME ALBRIGHT, SCOTT R.  
STREET ADDRESS 5500 N.W. (150) ST.  
CITY-ST-ZIP REDDICK FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
NAME ALBRIGHT, SCOTT R. V.P.  
STREET ADDRESS 5500 N.W. 160th ST.  
CITY-ST-ZIP Reddick FL - 32686

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

386-749-2252

Daytime Phone #

CR2E034 (9/01)