

2000 UNIFORM BUSINESS REPORT (UBR)

6/13/00-90003-020-\$550.00-\$550.00

DOCUMENT # 327741

1. Entity Name

INTERNATIONAL TIMBER COMPANY, INC.

Principal Place of Business

Mailing Address

2701 ST. PATRICK AVE
PO BOX 6301
PENSACOLA FL 32503

2701 ST. PATRICK AVE
PO BOX 6301
PENSACOLA FL 32503-0301

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 59-1217607

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

PERICOLA, FRANK E. JR.
272 ST PATRICK AVE
PENSACOLA FL 32503

Name
P. Oleno Madruga

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

2289 Wild Boar Bend
Bonifay, FL 32425

FL Zip Code
32062

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 *P. Oleno Madruga*

(NOTE: Registered Agent signature required when relocating)

6/10/00
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, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	PERICOLA, FRANK E. JR	272 ST PATRICK AVE	PENSACOLA, FL 00000	P	Madruga, P. Oleno	2289 Wild Boar Bend	Bonifay, FL 32425
OVP	MADRUGA, PAULA DIANE	272 ST. PATRICK AVENUE	PENSACOLA, FL 00000	V	Madruga, Daniel Y.	1491 Soaring Pointe	Marietta, GA 30062
VPD	FOXWORTH, CONSUELO L	272 ST. PATRICK AVE	PENSACOLA FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

P. Oleno Madruga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/00
DATE

(770) 499-9669
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 19 AM 6:58



DO NOT WRITE IN THIS SPACE