

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90016 009 ***158.75

DOCUMENT # 327741

1. Entity Name

INTERNATIONAL TIMBER COMPANY, INC.

Principal Place of Business

~~2289 WILD BOAR BEND~~
~~BONIFAY FL 32425~~

Mailing Address

~~1491 SOARING POINTE~~
~~MARIETTA GA 30062~~

2. Principal Place of Business

Suite, Apt. #, etc.

2273 Otter Cove

City & State

Bonifay, FL

Zip

32425

Country

US

3. Mailing Address

306 N West El Norte Pkwy,

Suite, Apt. #, etc.

#307

City & State

Escondido, CA

Zip

92026

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1217607

Applied For

Not Applicable

5. Certificate of Status Desired ☒

***After Changes have been made**

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MADRUGA, P. DIANE
~~2289 WILD BOAR BEND~~
~~BONNIFAY FL 32425~~

Name

Street Address

2273

City **Bonifay**

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE **P. Diane Madruga**

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

(NOTE: Registered Agent signature required)

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 St

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **MAGRUGA, P. DIANE**
 STREET ADDRESS **2289 WILD BOAR BEND**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **V** ☐ Delete
 NAME **MAGRUGA, DANIEL T**
 STREET ADDRESS **1491 SOARING POINTE**
 CITY-ST-ZIP **MARIETTA GA 30062**

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12. ☐ Change ☐ Addition
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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: **P. Diane Madruga** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (760) 728-6329

Date

Daytime Phone #

CR2E034 (9/01)