2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

SIGNATURE:

FILED **DOCUMENT # 335768** Mar 22, 2000 8:00 am 1. Entity Name **Secretary of State** MCFARLAND LUMBER CO INC 03-22-2000 90188 047 ***150.00 Principal Place of Business Mailing Address 4925 E. 7TH AVE. 4925 E. 7TH AVE. TAMPA FL 33605 TAMPA FL 33605 2. Principal Place of Business 6408 E. Columbus Dr. 3. Mailing Address 6408 E. Columbus Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1224789 Tampa Not Applicable empa. Fl Zip 33619 Country Country \$8.75 Additional 5. Certificate of Status Desired Hills Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNDERBERG UNDERBERG, PAUL Street Address (P.O. Box Number is Not Acceptable) 4925 E. BROADWAY E. COLUMBUS DR **TAMPA FL 33605** AM PA 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ☐ Delete TITLE TITLE UNDERBERG, MARY PATRICIA NAME NAME STREET ADDRESS 1910 DOVEFIELD PL STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE UNDERBERG, PAUL NAME STREET ADDRESS STREET ADDRESS 4608 S COOPER PL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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