

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90146 029 ***150.00

DOCUMENT # 420274

1. Entity Name

PUTNAM LUMBER & EXPORT COMPANY

Principal Place of Business

**6196 LAKE GRAY BLVD., SUITE #102
 JACKSONVILLE FL 32244**

Mailing Address

**6196 LAKE GRAY BLVD., SUITE #102
 JACKSONVILLE FL 32244**

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 **59-1446224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CROSBY, J.E., JR.
 6196 LAKE GRAY BLVD., SUITE #102
 JACKSONVILLE FL 32244**

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, 2001 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	PST	<input type="checkbox"/> Delete
NAME	CROSBY, J E JR	
STREET ADDRESS	6196 LK GRAY BV., STE102	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, A.W.	
STREET ADDRESS	4001 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, A.W.	
STREET ADDRESS	4001 ORTEGA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY JR., J.E.	
STREET ADDRESS	6196 LK GRAY BV., STE102	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crosby, R.B.	
STREET ADDRESS	6196 LK GRAY BV., STE102	
CITY-ST-ZIP	JACKSONVILLE, FL. 32244	
TITLE	AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSBY, R.B.	
STREET ADDRESS	6196 LK GRAY BV., STE102	
CITY-ST-ZIP	JACKSONVILLE, FL. 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Crosby, Jr.

J.E. Crosby, Jr.

2/14/01

904.777.2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)