

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90020 022 ***150.00

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DO NOT WRITE IN THIS SPACE

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
CROSBY, J E JR.
6196 LK GRAY BV., STE102
JACKSONVILLE FL 32244

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VDST
CROSBY, R B
6196 LK GRAY BLVD STE 102
JACKSONVILLE FL 32244

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D
CROSBY JR., J.E.
6196 LK GRAY BV., STE102
JACKSONVILLE FL 32244

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☐ Change ☐ Addition

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
4-22-02 904-777-2655