

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90289 043 ***150.00

DOCUMENT # 836255

1. Entity Name
TAMPA INTERNATIONAL FOREST PRODUCTS, INC.



Principal Place of Business
**8001 WOODLAND CENTER BLVD.
SUITE 100
TAMPA FL 33614
US**

Mailing Address
**PO BOX 4209
PORTLAND OR 97208
US**

11013630



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0880923**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HARLEY, MICHAEL**
STREET ADDRESS **8001 WOODLAND CENTER BLVD #100**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **JUDY, JOHN**
STREET ADDRESS **10250 SW GREENBURG RD, SUITE 200**
CITY-ST-ZIP **PORTLAND OR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **RATNER, CHARLES**
STREET ADDRESS **10800 BROOKPARK ROAD**
CITY-ST-ZIP **CLEVELAND OH**

TITLE ☒ Change ☐ Addition
NAME **STP Ratner, Charles**
STREET ADDRESS **1100 Terminal Tower**
CITY-ST-ZIP **Cleveland, OH 44113**

TITLE **D** ☐ Delete
NAME **MILLER, SAM**
STREET ADDRESS **10800 BROOKPARK ROAD**
CITY-ST-ZIP **CLEVELAND OH**

TITLE ☒ Change ☐ Addition
NAME **D Miller, Sam**
STREET ADDRESS **1100 Terminal Tower**
CITY-ST-ZIP **Cleveland, OH 44113**

TITLE **S** ☐ Delete
NAME **NEIL, CARL R. (ASST)**
STREET ADDRESS **1300 SW 5TH STE. 3400**
CITY-ST-ZIP **PORTLAND OR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **TONNING, LOIS (ASST)**
STREET ADDRESS **10250 SW GREENBURG RD**
CITY-ST-ZIP **PORTLAND OR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

503-246-8500

Daytime Phone #

CR2E034 (10/02)