

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000740

1. Entity Name

FLORIDA FOREST PRODUCTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 AM 11:19

Handwritten: 3/22/00

Principal Place of Business

2062 20TH AVENUE S.E.
LARGO FL 33771

Mailing Address

P.O. BOX 1345
LARGO FL 33779-1345

2. Principal Place of Business

1975 20th Ave SE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Largo FL

City & State

4. FEI Number

59-3245875

Applied For

Not Applicable

Zip

33771

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DONOGHUE, KEVIN J
29605 US 19 NORTH
SUITE 140
CLEARWATER FL 33761

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. Capital Contributions as Shown on record.

\$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000040977**
NAME **FLORIDA FOREST PRODUCTS, INC.**
STREET ADDRESS **2062 20TH AVENUE S.E.**
CITY - ST - ZIP **LARGO FL 34649**

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

Handwritten: Richard Cashman

Date

Handwritten: 3/14/00 727/585-2067

Daytime Phone #