| 2002 UNIFORM | BUSINESS | REPORT | (UBR) |
|--------------|-----------------|---------------|-------|
|--------------|-----------------|---------------|-------|

| 2002 | 2 UNIFORM BUS | INESS REPO | PRT | (UBR) | • | | |
|--|---|---|--|---|---|---|--|
| DOCUMENT # A9400000740 1. Entity Name | | | | | FILED | | |
| FLORIDA FOREST PRODUCTS, LTD. | | | | | 02 MAR 20 AM 9: 14 | | |
| Principal Plac | e of Business | Mailing Address | - | ejro | SECRETARY OF STATE TALLAHASSEE, FLORIE | E 2A | |
| 1975 20TH A | | P.O. BOX 1345 | | | TALLAHASSEL, I LONN | JA | |
| LARGO FL 33 | 3771 | LARGO FL 33779 | | |) (B4(B4) (B14 (B4)) Atāja Bāja Āāja Bāja Bāja Bāja Āāja | ### #### #### #### #### #### | |
| | | | | | | | |
| 2. Principal P | Principal Place of Business [975 20 Ave SE 3. Mailing Address | | 1 (8410)(1819 181() B)(4) BB)((BB)((BB()) | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DUE BY MAY 1, 2002 | | |
| City & State | , , | City & State | | | 4. FEI Number 59-3245875 | Applied For Not Applicable | |
| 331 | 10 1 | Zìp | Cour | ntry | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 771 | 6. Name and Address of Current | Registered Agent | <u></u> | | 7. Name and Address of New Registered | | |
| DONOGH | IUE, KEVIN J | | | Name | | | |
| | S 19 NORTH | | | Street Address | (P.O. Box Number is Not Acceptable) | | |
| SUITE 14 | 0 | | | | 11 - 111 - 1 | | |
| CLEARWATER FL 33761 | | | City FL Zip Code | | | | |
| 8. The above | named entity submits this statement for | or the purpose of changing it | s register | ed office or registe | ered agent, or both, in the State of Florida. | | |
| SIGNATURE . | | | | | | | |
| 9. Capital Co | Signature, typed or printed name of registered agent | and title if applicable. 10. Amount of Capi | tal Contri | hutions | 11. MAKE CHECK PAYABL | F TO DEPT, OF STATE | |
| as Shown | on record. | in FLORIDA to | date. | | SEE REVERSE SIDE FO | OR FEE INFORMATION | |
| | | | | | TERED AND ACTIVE WITH THIS OFFIC nt must be filed to change a general pa | | |
| 12. | GENERAL PARTNE | R INFORMATION | 13. | 1 | ADDRESS CHANGES ON | LY | |
| DOCUMENT # NAME | P94000040977 Florida Forest Products, | INC. | \$TR | EET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | 2062 20TH AVENUE S.E. LARGO FL 34649 | 062 20TH AVENUE S.E. | | '-ST-ZIP | | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | REET ADDRESS | | CITY | /-ST-ZIP | -2000051697926 | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | -03/26/02 ****526.25 | 01063U15 ****526.25 | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | r-ST-ZIP | | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | r-st-zip | | | |
| DOCUMENT # NAME | | | STR | EET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | r-ST-ZIP | | | |
| DOCUMENT # NAME | | , — | STR | EET ADDRESS | | | |
| STREET ADT RESS CITY-ST-ZIP | | | СІТУ | r-ST-ZIP | | | |
| 14. I hereby of indicated the received | certify that the information supplied wit on this report is true and accurate and ver or trustee empowered to execute the | h this filing does not qualify for that my signature shall have is report as required by Cha | or the exe the sam pter 620, | emption stated in S e legal effect as if Florida Statutes | ection 119.07(3)(i), Florida Statutes. I further ce made under oath; that I am a General Partner o | rtify that the information f the limited partnership or | |

STAPLE CHECK HERE

727 5852067 Daytime Phone #