

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90146 001 *1,500.00

DOCUMENT # F00000001523
 1. Entity Name
DUDLEY SAWMILL CORPORATION

Principal Place of Business Mailing Address
3823 OWENS ROAD **3823 OWENS ROAD**
YULEE FL 32097 **YULEE FL 32097**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
13-4040455 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVIS, WILLIAM H
WHITE OAK PLANTATION
3823 OWENS ROAD
YULEE FL 32097

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	BERGREEN, BERNARD D	
STREET ADDRESS	111 WEST 50TH STREET	
CITY-ST-ZIP	NEW YORK NY 1020	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM H	
STREET ADDRESS	1000 OSBORNE STREET	
CITY-ST-ZIP	ST. MARYS GA 31558	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOODY, NATALIE P	
STREET ADDRESS	111 WEST 50TH STREET	
CITY-ST-ZIP	NEW YORK NY 1020	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROPPER, STEPHEN W	
STREET ADDRESS	111 WEST 50TH STREET	
CITY-ST-ZIP	NEW YORK NY 1020	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOOD, BEN	
STREET ADDRESS	1000 OSBORNE STREET	
CITY-ST-ZIP	ST. MARYS GA 31558	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARRETT, VICTOR	
STREET ADDRESS	1000 OSBORNE STREET	
CITY-ST-ZIP	ST. MARYS GA 31558	

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	<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	
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: *William H Davis* **SIGNATURE REQUIRED** 4/30/02 Date Daytime Phone #

CR2E034 (9/01)