

DOCUMENT # F00000001523

Entity Name

UDLEY SAWMILL CORPORATION

DUDLEY

Principal Place of Business

OWENS ROAD
E FL 32097

Mailing Address

3823 OWENS ROAD
YULEE FL 32097

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 13-4040455

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

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

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 for reinstating)

DATE

This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!! FEES \$150.00

After MAY 1, 2001 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03 904-548-1033

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91772 044 ***150.00



DO NOT WRITE IN THIS SPACE