FILED Jan 27, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0200001022 1. Entity Name WESTSIDE FOREST PRODUCTS, INC.								Secretary of State 01-27-2003 90151 006 ***158.75			
Principal Place of Business 4045 J. LOUIS ST. GREEN COVE SPRINGS FL 32043 Mailing Address 10282 E. 1400 NO BLOOMINGTON IL					NORTH RD			TO THE STATE OF TH			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. F	FEI Number 37-1244438 Applie Not Ap	d For plicable	
Zip <u>.</u>	Country			Zip		Country		5. C	Certificate of Status Desired \$8.75 Addition Fee Required	al	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
ALÒRICH, JOSEPH D 111 BRUBAKER LANE EAST PALATKA FL 32131						Street Address (P.O. Box Number is Not Acceptable)					
LIGHT ALTON						City	City FL Zip Code				
the obligat SIGNATURE F Afte	Signature, typed		ent and title if ap			ed office or		:	gent, or both, in the State of Florida. I am familiar with, and reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution.	lay Be	
10.		OFFICERS AN	D DIRECTO	DRS	11.			ADI	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LEARY, KE 305 COLTO BLOOMING	ON AVE		□ Delete		1			☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRINUBORN, MERLIN 803 PHAETON PL NORMAL IL			B			50	RIA	NGBORN, MERLIN	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete,					☐ Çhange ☐	Addition	
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TITLE				☐ Delete	TITLE				Change	Addition	

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP