

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91765 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000005684

1. Entity Name
FOREST PRODUCTS COOPERATIVE, INC.

Principal Place of Business
200 S. LAMAR ST., SUITE 500
JACKSON MS 39201

Mailing Address
10037 SCARLETT CT
BROOKSVILLE FL 34613

44003553

☐ CHECK HERE IF MAKING CHANGES

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 64-0866249		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE FL 34613		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD NORRIS, THOMAS F 2386-2 INTERSTATE RD RICEBORO GA 31323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD SIEBERS, MICHAEL A 419 MAIN ST OREGONE CITY OR 97045 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD KULIGA, KEVIN J. 13101 S. PULASKI RD ALSIP IL 60658 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE FL 34613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GILES, MICHAEL A P.O. BOX 339 AMHERST VA 24521 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KARR, KEVIN 375 WATER ST., STE 650 VANCOUVER, BRITISH COLUMBIA ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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)(b), Florida Statutes. I further certify that the information is based on this report of supplemental reports 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, without other like empowered.

SIGNATURE *[Signature]* CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/30/03 804-323-1213

ADDAMS ARLEN BENJAMIN & C. HARRIS
2530 PROFESSIONAL RD.
RICHMOND VA 22225