

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90168 040 ***150.00

DOCUMENT # F21615

1. Entity Name

SOUTHEAST TIMBER BRIDGE COMPANY,
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2060D NE OCEAN BLVD

3. Mailing Address

5945 WEST MAIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 205

City & State
STUART, FL

City & State
KALAMAZOO, MI

4. FEI Number 38-1802734

Applied For

Not Applicable

Zip
34996

Country
USA

Zip
49009

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERTS, WILLIAM J.

Street Address (P.O. Box Number is Not Acceptable)

217 S ADAMS ST.

City TALLAHASSEE

FL

Zip Code
32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRENN, SANDRA
5945 WEST MAIN SUITE 205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PUCKETT, TAMRA
5945 WEST MAIN SUITE 205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KRENN, ERVIN A
5945 WEST MAIN SUITE 205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRENN, ROBERT
5945 WEST MAIN SUITE 205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeanne Ouellet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 269-375-3258
Date Daytime Phone #

CR2E034B (12/02)