

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53596

1. Entity Name

DISSTON ISLAND HAVING CO., INC.

Principal Place of Business

Mailing Address

FLAGHOLE ROAD
ROUTE 2 BOX 175
CLEWISTON FL 33440

FLAGHOLE ROAD
ROUTE 2 BOX 175
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2154449

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILLIARD, JOE M
FLAGHOLE RD.
CLEWISTON FL 33440

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HILLIARD, JOE M
STREET ADDRESS FLAGHOLE RD
CITY-ST-ZIP CLEWISTON, FL 00000

Delete

TITLE STD
NAME SMITH, WAYNE
STREET ADDRESS FLAGHOLE RD
CITY-ST-ZIP CLEWISTON, FL 00000

Delete

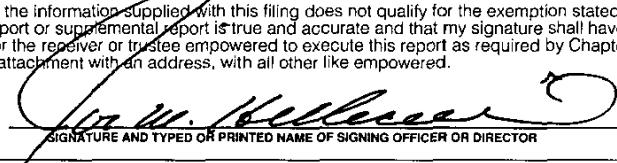
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HILLIARD, JOE M	FLAGHOLE RD	CLEWISTON, FL 00000		
STD	SMITH, WAYNE	FLAGHOLE RD	CLEWISTON, FL 00000		

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

863-983-5111

Date

Daytime Phone #

0611219

CR2E034 (10/00)