

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
 01-30-2001 90032 009 \*\*\*150.00

**DOCUMENT # F90354**

1. Entity Name  
**STUDSTILL LUMBER COMPANY**

Principal Place of Business

1004 S DUVAL STREET  
 1004 S. DUVAL STREET  
 MADISON FL 32340  
 US

Mailing Address

1004 S DUVAL STREET  
 PO BOX 68  
 MADISON FL 32341  
 US

2. Principal Place of Business

1004 S Duval St  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 68  
 Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Madison, FL

Zip  
 32340

Country  
 US

Zip  
 32341

Country  
 US

4. FEI Number **59-2207340**

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

MCCURDY, WILLIAM R  
 1004 S. DUVAL ST  
 MADISON FL 32340

Name

Same

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **MCCURDY, WILLIAM R**  
 STREET ADDRESS **6775 GEORGE ROAD EAST**  
 CITY-ST-ZIP **LAKE PARK GA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **MCCURDY, CLAUDIA JEANETT**  
 STREET ADDRESS **6775 GEORGE ROAD EAST**  
 CITY-ST-ZIP **LAKE PARK GA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **MCCURDY, WILLIAM R JR**  
 STREET ADDRESS **553 SEVILLA CIR**  
 CITY-ST-ZIP **LAKE PARK GA 31636**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** WILLIAM R MCCURDY JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)