

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90183 035 ***150.00

DOCUMENT # F90354

1. Entity Name
STUDSTILL LUMBER COMPANY



Principal Place of Business
1004 S DUVAL STREET
MADISON FL 32340
US

Mailing Address
P.O. BOX 68
MADISON FL 32341
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1004 S DUVAL STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 68
Suite, Apt. #, etc.

City & State
MADISON, FL
Zip
32340

Country
MADISON

City & State
MADISON, FL
Zip
32340

Country

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William R. McCurdy*
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM R. MCCURDY **01-29-03**
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **MCCURDY, WILLIAM R**
STREET ADDRESS **6775 GEORGE ROAD EAST**
CITY-ST-ZIP **LAKE PARK GA**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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.

SIGNATURE: *William R. McCurdy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. MCCURDY **01/29/03**

Date

Daytime Phone #

CR2E034 (10/02)