

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90028 020 ***150.00

0029999 AT

DOCUMENT # F97000006772

1. Entity Name

PROGRESSIVE FORESTRY SERVICES, INC.

Principal Place of Business

**202 E ANTON AVENUE, SUITE 205
COEUR D ALENE ID 83815**

Mailing Address

**P O BOX 550
COEUR D ALENE ID 83816**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

202

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

82-0423177

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2002 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 **PT** ☒ Delete
NAME **ZAHARIE, ROBERT**
STREET ADDRESS **202 E ANTON AVE., SUITE 205**
CITY-ST-ZIP **COEUR D ALENE ID 83815**

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

TITLE **V** ☒ Delete
NAME **FORRESTER, LAWRENCE**
STREET ADDRESS **RT. 1, BOX 105-A**
CITY-ST-ZIP **ACKERMAN MS 39735**

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

TITLE **S** ☐ Delete
NAME **CAMPBELL, BRUCE**
STREET ADDRESS **35 SO. CORBIN RD.**
CITY-ST-ZIP **POST FALLS ID 83855**

TITLE ☒ Change ☐ Addition
NAME **President, Treasurer**
STREET ADDRESS **Campbell Bruce**
CITY-ST-ZIP **35 So. Corbin Rd**
Post Falls, ID 83854

TITLE **V** ☐ Delete
NAME **HUMBERT, RANDY**
STREET ADDRESS **5688 CORKSCREW CANYON RD.**
CITY-ST-ZIP **TUM TUM WA 99034**

TITLE ☒ Change ☐ Addition
NAME **Vice President, Secretary**
STREET ADDRESS **Humbert, Randy**
CITY-ST-ZIP **5688 Corkscrew Canyon Rd.**
Tum Tum, WA 99034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Signature of Bruce Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-16-02 (208) 664-9040
Date Daytime Phone #

CR2E034 (9/01)