2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H13154

1. Entity Name

LOGGING, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90072 019 ***150.00

Principal Place of Business	Mailing Address
C/O HAROLD LITTLE RT. 3. BOX 221 WESTVILLE FL 32464	C/O HAROLD LITTLE RT. 3. BOX 221 WESTVILLE FL 32464-9803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Harold Little	c/o Harold Little
Suite, Apt. #, etc.: 1106 Weeks LN	Suite, Apt. #, etc.: 1106 Weeks LN
City & State: Westville, FL	City & State: Westville FL
Zip: 32464 Country: Holmes	Zip: 32464 Country: Holmes

4. FEI Number 59-2540642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLE, HAROLD
RT 3, 220
WESTVILLE FL 32464

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 Harold Little

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HORNSBY, FAYE ROUTE 3, BOX 297 SAMSON AL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, HAROLD ROUTE 1, BOX 163 WESTVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Little, Harold 1106 Weeks LN Westville, FL 32464	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Harold Little Harold Little 4-17-00 850-956-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #