FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90169 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H46540

1. Entity Name
PALM BEACH LUMBER & EXPORT COMPANY

Ck 23168

Principal Place of Business	Mailing Address
3695 INTERSTATE PKWY BAY #6 RIVIERA BEACH, FL 33404 US	3695 INTERSTATE PKWY BAY #6 RIVIERA BEACH, FL 33404 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2507643 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

H.P. COLLINS, JR
~~7301 150TH PL. NO.~~
~~PALM BEACH GARDENS, FL 33418~~
17 Grand Bay Cr
Juno Beach, FL 33408

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

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: V NAME: COLLINS, MARY R. STREET ADDRESS: ~~7301 150TH PL NO~~ CITY-ST-ZIP: ~~PALM BEACH GARDENS, FL 33418~~	☐ Delete	Mary R. Collins 17 Grand Bay Circle Juno Beach, FL 33408 — ☒ Change ☐ Addition
TITLE: P NAME: COLLINS, H P JR STREET ADDRESS: ~~7301 150TH PL NO~~ CITY-ST-ZIP: ~~PALM BEACH GARDENS, FL 33418~~	☐ Delete	H.P.Collins, Jr. 17 Grand Bay Circle Juno Beach, FL 33408 — ☒ Change ☐ Addition
TITLE: ST NAME: BOWMAN, SHARON G STREET ADDRESS: 12563 169TH CT NORTH CITY-ST-ZIP: JUPITER, FL 33478	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] Sharon Bowman 4-7-03 561-842-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #