

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61155

Entity Name
ELIXSON WOOD PRODUCTS, INCORPORATED

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90168 042 ***150.00

Principal Place of Business
KENNETH ELIXSON
RTE 4, BOX 299
STARKE FL 32091

Mailing Address
% KENNETH ELIXSON
RTE 4, BOX 299
STARKE FL 32091



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2556090		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELIXSON, KENNETH ROUTE 4, BOX 299 STARKE FL 32091		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. NAME 2. TITLE 3. STREET ADDRESS 4. CITY-STATE-ZIP	DV BRYANT, JAMES A RT 4 BOX 299 NA STARKE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME 2. TITLE 3. STREET ADDRESS 4. CITY-STATE-ZIP	DT BRYANT, KARAN A RT 4 BOX 299 NA STARKE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME 2. TITLE 3. STREET ADDRESS 4. CITY-STATE-ZIP	DS ELIXSON, DELORIS L RT 4 BOX 299 NA STARKE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME 2. TITLE 3. STREET ADDRESS 4. CITY-STATE-ZIP	DV ELIXSON, KEVIN ROUTE 4 BOX 289 STARKE FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME 2. TITLE 3. STREET ADDRESS 4. CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME 2. TITLE 3. STREET ADDRESS 4. CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kenneth Elixson **SIGNATURE REQUIRED** 2-6-02 (904) 944-1449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)