

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90030 044 ***150.00

DOCUMENT # H92639

1. Entity Name
TIMBERLINE CONSTRUCTION OF LAKE COUNTY, INC.

Principal Place of Business
506 NORTH DIXIE AVENUE
P. O. BOX 1124
FRUITLAND PARK FL 34731
US

Mailing Address
PO BOX 1124
FRUITLAND PARK FL 34731
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2661267

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

ARROWSMITH, SYDNEY D.
5430 MAGNOLIA RIDGE ROAD
PO BOX 1114
FRUITLAND PARK FL 34731

Name

Street Address (P.O. Box Number is Not Acceptable)

903 Mulberry

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 ☐ Delete
NAME **VS**
ARROWSMITH, JUDY L.
STREET ADDRESS **5430 MAGNOLIA RIDGE ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS *903 Mulberry*
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
ARROWSMITH, SYDNEY D.
STREET ADDRESS **5430 MAGNOLIA RIDGE ROAD**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS *903 Mulberry*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02
 Date

352-360-9785
 Daytime Phone #

CR2E034(9/01)7