2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J36503**

1. Entity Name

BARNES & SONS WOOD PRODUCERS, INC.

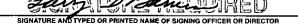
FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90188 026 ***150.00

Principal Place of Business STATE ROAD 247. EAST BRANFORD FL 32008				Mailing Address POB 942 BRANFORD FL 32008 US				 						
2. Principal Place of Business				3. Mailing Address								iti 		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number 59-2752160				\rightarrow	plied For t Applicable	
Zip		Country	Zip	Zip Coun			5. Certificate of S			red		.75 Add	litional	
	6. Name	and Address of C	urrent Registere	istered Agent			7. Name and Address of New Registered				ered Age	nt		
BARNES L	ARRY D. AD 247 EA	et.					Name Street Address (P.O. Box Number is Not Acceptable)							
	D FL 32008) i												
							ly				FL Zip Code			
	named entity ions of regist		nent for the purp	ose of changing its	registere	ed office or	registered a	agent, or I	both, in the State	of Florida.	I am fami	liar with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of register	ed agent and title if app	olicable. (NOTE	: Registered	d Agent signatu	re 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									Election Campaig Trust Fund Contri		g 🗆		May Be to Fees	
10.		OFFICER:	S AND DIRECTO				Α	ADDITION	S/CHANGES TO	OFFICERS	AND DIE	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS	PDS BARNES, L STATE RO BRANFORI	ARRY D. AD 247 EAST		☐ Delete	TITLE NAME STREE				,-			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRANFOR) PL		☐ Delete	TITLE NAME STREE				<u> </u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		~ -	- ,	□ Delete	TITLE NAME STREE							Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1	·					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 5 5			☐ Delete								Change	Addition	

12. I hereby certify that the information supplied with this filling 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:



4-19-03

386-935-1058

Daytime Phone #

CR2E034 (10/02)