

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10955

1. Entity Name
M & L TIMBER, INC.

Principal Place of Business
RT. 1. BOX 228
BUNNELL FL 32110-9634

Mailing Address
RT. 1. BOX 228
BUNNELL FL 32110-9634

2. Principal Place of Business
11646 Hwy 11
Suite, Apt. #, etc.

3. Mailing Address
11646 Hwy 11
Suite, Apt. #, etc.

City & State
Bunnell FL
Zip 32110 Country Flagler
Zip 32110 Country Flagler

4. FEI Number 59-2847713
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HENRY, MITCHEL
RT 1 BOX 228
BUNNELL FL 32110

7. Name and Address of New Registered Agent
Name Henry, Mitchell
Street Address (P.O. Box Number is Not Acceptable)
11646 Hwy 11
City Bunnell FL Zip Code 32110

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 _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PVST HENRY, M. MITCHEL RT. 1, BOX 228 BUNNELL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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.

CR2E034 (4/02)

SIGNATURE: *Mitchell R. Henry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02 386-437-0895
Daytime Phone #