

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2002 8:00 am
Secretary of State

08-16-2002 90001 010 ***550.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11646 Hwy 11

Suite, Apt. #, etc.

3. Mailing Address

11646 Hwy 11

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Bunnell FL

4. FEI Number **59-2847713**

Applied For

Not Applicable

Zip

32110

Country

Flagler

Zip

32110

Country

Flagler

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, Mitchel

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

TITLE * **PVST** ☐ Delete
 NAME **HENRY, M. MITCHEL**
 STREET ADDRESS **RT.-1, BOX 228**
 CITY-ST-ZIP **BUNNELL FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

MITCHEL HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02 386-437-0895

Date

Daytime Phone #

CR2E034 (4/02)