

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1al 2

DOCUMENT #

1. Entity Name

DARLING TIMAER Co, INC.
K98700



FILED

03 MAR 24 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

304 W Hwy 90

304 W Hwy 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONIFAY, FL

BONIFAY, FL

Zip

Country

Zip

Country

32425

HOLMES

32425

HOLMES

4. FEI Number

59-2956968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY DARLING

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

2802 BONIFAY GRITNEY RD.

City

BONIFAY

FL

Zip Code

32425

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IN THIS SPACE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GARY DARLING
2802 BONIFAY GRITNEY RD.
BONIFAY, FL 32425

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000016975560
04/24/03--01083--016 **300.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2012

Darling Timber Company, Inc.
304 West Highway 90
Bonifay, FL 32425

March 5, 2003

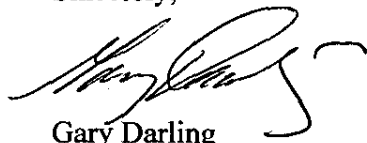
State of Florida
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Dear Sir:

Darling Timber Company, Inc. did not receive a ^{UBR}reinstatement form for 2002. Enclosed is a check for \$300.00 for 2002 and 2003. Please reinstate Corporation,

Thanks for your assistance.

Sincerely,



Gary Darling
Darling Timber Company, Inc.