

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000001645

1. Entity Name

Timber Harvesting & Development, LLC
Bishop Street-2N



FILED
03 JAN 29 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800011786748
02/04/03--01059--031 **100.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Bishop Street-2N

3. Mailing Address
P.O. Box 2568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cross City, Florida

City & State
Cross City, Florida

4. FEI Number 59-3695831

Applied For
Not Applicable

Zip
32628-2568

Country
USA

Zip
32628-2568

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name T. L. Beckham

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

P.O. Box 2568 (Bishop Street-2N)

City Cross City, Florida

FL

Zip Code
32628-2568

**DO NOT WRITE
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

Manager/Member

01-27-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME
STREET ADDRESS
CITY-ST-ZIP

T.L. Beckham
P.O. Box 2568 (Bishop Street-2N)
Cross City, Florida 32628-2568

TITLE
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**2002
+
2003
UBR**

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Manager/Member

01-27-03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)

L01000001645

TIMBER HARVESTING & DEVELOPMENT, LLC
Len Beckham, Manager
Post Office Box 2568
Cross City, Florida 32628-2568

January 27, 2003

FILED
03 JAN 29 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mr. Buck Kohr
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: UBR Form for 2002 and 2003
#L01000001645

Dear Mr. Kohr:

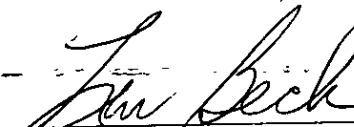
This is to advise that we never received the UBR form for 2002 and was not aware it was required. Thank you for your assistance with this report.

Enclosed please find the required report and our check #1364 for \$100.00 for the year 2002 and 2003.

Please REACTIVATE this account and note the mailing address is P.O. Box 2568. There is no home delivery in Cross City.

Sincerely,

TIMBER HARVESTING & DEVELOPMENT, LLC


Len Beckham, Manager

LB/mhd

Enclosures: Check #1364 for \$100.00
UBR form

