


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90086 036 ***150.00

DOCUMENT # <u>02-18815</u>	
1. Entity Name <u>Asbell Logging, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3751 NW 167th Pl</u>	3. Mailing Address <u>PO Box 92</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Chief Land FL</u>	City & State <u>Chief Land FL</u>
Zip <u>32626</u>	Zip <u>32644</u>
Country <u>Levy</u>	Country <u>Levy</u>

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number <u>59-2975895</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name <u>Shirley Gail Asbell</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3751 NW 167th Pl</u>	
City <u>Chief Land</u>	FL Zip Code <u>32626</u>

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres Shirley G. Asbell</u> <u>3751 NW 167th Pl</u> <u>Chief Land FL 32626</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treas Robert S. Asbell</u> <u>3751 NW 167th Pl</u> <u>Chief Land FL 32626</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Shirley G. Asbell, Pres. Shirley G. Asbell 4/20/04 352-486-6584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)