## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING

## Mar 14, 2001 8:00 am Secretary of State **DOCUMENT # L19759 BUCKHORN TIMBER & RESOURCE CORP.** 03-14-2001 90512 038 \*\*\*150.00 Principal Place of Business Mailing Address C/O MIKE GRANDEY C/O MIKE GRANDEY P O BOX 670 P O BOX 670 APOPKA FL 32704 APOPKA FL 32704 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3024923 City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANDEY, MIKE Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH PARK AVENUE APOPKA FL 32703 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE WHIGHAM, PHILLIP OWEN NAME 2060 KELLY PARK RD STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE DUNN, ROBERT KIM NAME NAME 1664 W ORANGE BLOSSOM TRAIL STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition . Change TITLE\_ Delete\_ TITLE. SPOON, D. WAYNE NAME NAME 804 E. PEARL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE MORRISON, RICHARD ALAN NAME NAME 2714 CLOUDCROFT DR STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE GRANDEY, MIKE NAME NAME 777 S PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 regiver or thistee 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 address with all other like empowered.

FILED