## 

## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L23924**

1. Entity Name

WEST FLORIDA TIMBER, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State 02-05-2000 90011 042 \*\*\*150.00

Milligan, Florida 32537   S929/3164   Non -     Zip					02-03-2000 90011 0	42 130.00	
### Address of Current Registered Agent    PLEMING, TIMOTHY CLARENCE   TOP NATIONAL STATE	Principal Place	ce of Business	Mailing Address				
Suite, Apt #, etc.  Suite,	-		% TIMOTHY C. FLEMING. P.O. BOX 837				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	2. Principal Place of Business		"				
Milligan, Florida 32537   S929/3164   Non -     Zip	Suite, Apt. #, etc.				DO NOT WRITE IN	I THIS SPACE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  FLEMING, TIMOTHY CLARENCE  100-RAILROAD STREET  MILLIGAN FL 32531  Street Address (P.O. Box Number is Not Acceptable)  City Crestview FL  Zip Code 32536  City Crestview FL  Zip Code 32536  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  Signature, typed or printed name of registered agent and title if applicable  Fill NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to  Added to  Sirect Address (P.O. Box Number is Not Acceptable)  10. Election Road Trust Fund Contribution.  Added to  Signature, typed or printed name of registered agent and title if applicable  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  MAKE FILEMING, DANIEL HARVEY  1003 ENZOR ROAD CITY-ST-ZIP CRESTVIEW FL  TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL	City & State		City & State Milligan, Florida 32537		4. FEI Number 59-2973164	Applied	
FLEMING, TIMOTHY CLARENCE 100 RAILROAD STREET MILLIGAN FL 32531  4757 Antioch Road City Crestview FL  210 Code 32536  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 Signature, typed or printed name of registered agent and the # applicable  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. NAME FLEMING, DANIEL HARVEY NAME FLEMING, DANIEL HARVEY TITLE NAME FLEMING, DANIEL HARVEY TITLE NAME FLEMING, TIMOTHY C.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME STREET ADDRESS 1073 STAZEP  Nelda Fleming 4757 Antioch Road Crestview, Florida 32536  CRESTVIEW FL  Change Crestview, Florida 32536  CRESTWEW FL  CRESTWEM FL  C	Zìp	Country	Zip Coun	itry	5. Certificate of Status Desired [	\$8.75 Addition	ıal
FLEMING, TIMOTHY CLARENCE 100 RAILROAD*STREET -MILLIGAN FL 32531  4757 Antioch Road  City Crestview FL Zip Code 32536  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  Signature, typoid or printed name of registered agent and talle it applicable  Tax filling requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  PD  MAKE SIREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL  Street Address (P.O. Box Number is Not Acceptable)  4757 Antioch Road City Crestview  (NOTE: Pegistered Agent signature required when reinstating)  DATE  In Election Campaign Financing Trust Fund Contribution.  Added to CRESTVIEW FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL  OCHANGE CITY-ST-ZIP CRESTVIEW FL  CITY-ST-ZIP CRE		6. Name and Address of Current R	Registered Agent	_	7. Name and Address of New Regis	tered Agent	-
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	10 <del>0 -</del>	RAILROAD STREET		Street Address (F	757 Antioch Road	FL   Zip Code 32536	
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  FLEMING, DANIEL HARVEY  STREET ADDRESS  CITY-ST-ZIP  CRESTVIEW FL  TITLE  NAME  FLEMING, TIMOTHY C.  STREET ADDRESS  CITY-ST-ZIP  CRESTVIEW FL  TITLE  NAME  FLEMING, TIMOTHY C.  STREET ADDRESS  CITY-ST-ZIP  CRESTVIEW FL	SIGNATURE		ind title if applicable (NOTE: Registeral	d Agent signature required			_
TITLE PD ROME FLEMING, DANIEL HARVEY  NAME FLEMING, DANIEL HARVEY  STREET ADDRESS CITY-ST-ZIP  NAME FLEMING, TIMOTHY C.  STREET ADDRESS CITY-ST-ZIP  CRESTVIEW FL  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CRESTVIEW FL  CITY-ST-ZIP	Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00		Trust Fund Contribution.	☐ Added to F	Fees
NAME STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL	11.				ADDITIONS/CHANGES TO OFFICER		
TITLE VD Delete TITLE Change C  NAME FLEMING, TIMOTHY C. NAME  STREET ADDRESS CITY-ST-ZIP  CRESTVIEW FL CITY-ST-ZIP	NAME STREET ADDRESS	FLEMING, DANIEL HARVEY 1003 ENZOR ROAD	NAM. STRE	EET ADDRESS Ne16	7 Antioch Road		] Additio
OILOT WENT I	NAME STREET ADDRESS	VD FLEMING, TIMOTHY C. 4757 ANTIOCH ROAD	NAM Stre	E IE EET ADDRESS			Addition
NAME FLEMING, NELDA M.  STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL  SID  Malda F. Gay  4801 Arena Road  STREET ADDRESS CITY-ST-ZIP  CRESTVIEW FL  Malda F. Gay  4801 Arena Road  Crestview, Florida 32536	TITLE NAME STREET ADDRESS	STD FLEMING, NELDA M. 4757 ANTIOCH ROAD	STRE	ET ADDRESS Cre	1 Arèna Road		Additio
	NAME STREET ADDRESS	SILOI VIEW , E	NAM Stre	EET ADDRESS		☐ Change ☐	Additio
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NAME STREET ADDRESS		NAM STRE	EET ADDRESS		☐ Change ☐	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 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 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 supplied with this lamp an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each that I am an officer of the same local effect as if made under each th	NAME STREET ADDRESS CITY-ST-ZIP		NAM STRE CITY	E ET ADORESS -ST-ZIP			] Addition

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: