

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-28-2002 90021 050 ****50.00

DOCUMENT # L95000000802

1. Entity Name

A & S TIMBER PROPERTIES, L.C.

Principal Place of Business

**601 ST. JOHNS AVENUE
 PALATKA FL 32177**

Mailing Address

**601 ST. JOHNS AVENUE
 PALATKA FL 32177**

16831

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 1354

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Palatka, FL

Zip

32178

Country

Putnam

4. FEI Number

59-3341519

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, TITO S
 601 ST. JOHNS AVENUE
 PALATKA FL 32177**

Name

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

City

FL

Zip Code

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** Delete
 NAME **SMITH, TITO S**
 STREET ADDRESS **601 ST. JOHNS AVENUE**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **MANAGING MEMBER** Change Addition
 NAME **SMITH, TITO S.**
 STREET ADDRESS **601 ST. JOHNS AVE**
 CITY-ST-ZIP **PALATKA, FL 32177**

TITLE **MEM** Delete
 NAME **SMITH, KELLEY JR.**
 STREET ADDRESS **P.O. BOX 75**
 CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE **MANAGING MEMBER** Change Addition
 NAME **SMITH, KELLEY JR.**
 STREET ADDRESS **P. O. BOX 75**
 CITY-ST-ZIP **BOSTWICK, FL 32007**

TITLE **-MEM-** Delete
 NAME **ALFORD, CHARLES E SR.**
 STREET ADDRESS **RTE. 1, BOX 2000**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **MEMBER MANAGING MEMBER** Change Addition
 NAME **ALFORD, CHARLES E. SR.**
 STREET ADDRESS **3816 Reid Street**
 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **MEM** Delete
 NAME **ALFORD, BRYANT T**
 STREET ADDRESS **RTE. 1, BOX 2000**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **MEMBER MANAGING MEMBER** Change Addition
 NAME **ALFORD, BRYAN T.**
 STREET ADDRESS **3816 Reid Street**
 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **MEM** Delete
 NAME **ALFORD, CHARLES E JR.**
 STREET ADDRESS **RTE. 1, BOX 2000**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **MEMBER MANAGING MEMBER** Change Addition
 NAME **ALFORD, CHARLES E. JR.**
 STREET ADDRESS **3816 Reid Street**
 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **MEM** Delete
 NAME **CLAPP, KATHRYN A**
 STREET ADDRESS **RTE. 1, BOX 2000**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **MEMBER MANAGING MEMBER** Change Addition
 NAME **CLAPP, KATHRYN A.**
 STREET ADDRESS **3816 Reid Street**
 CITY-ST-ZIP **Palatka, FL 32177**

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: *SIGNATURE REQUIRED*

1/19/02 386-328-6778

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

Date

Daytime Phone #

CR2E083 (9/01)