

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90120 031 ***150.00

DOCUMENT # L97979

1. Entity Name

DESIGN TIMBER, INC.



Principal Place of Business
C/O SAMUEL H. VICKERS
2913 WESTSIDE BLVD.
JACKSONVILLE FL 32209

Mailing Address
C/O SAMUEL H. VICKERS
2913 WESTSIDE BLVD.
JACKSONVILLE FL 32209

70033170



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3028448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, P.A.
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

Name
BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
Street Address (P.O. Box Number is Not Acceptable)
50 NORTH LAURA STREET
SUITE 2750
City JACKSONVILLE FL Zip Code 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME VICKERS, SAMUEL H.
STREET ADDRESS 2913 WESTSIDE BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DP
NAME VICKERS, SAMUEL H.
STREET ADDRESS 2913 WESTSIDE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☒ Change ☐ Addition

TITLE VST
NAME BRANT, WILLIAM P.
STREET ADDRESS 50 N. LAURA ST., #3100
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VST
NAME BRANT, WILLIAM P.
STREET ADDRESS 50 NORTH LAURA STREET, SUITE 2750
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE DV
NAME ROBERTS, AVERY C.
STREET ADDRESS 50 N. LAURA ST., #3100
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DV
NAME ROBERTS, AVERY C.
STREET ADDRESS 50 NORTH LAURA STREET, SUITE 2750
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel H. Vickers

3/27/03

Date

904-764-6541

Daytime Phone #

CR2E034 (10/02)