

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90083 018 ****50.00

DOCUMENT # L98000001822

1. Entity Name

DAWS FOREST PRODUCTS, L.L.C.



Principal Place of Business

**ELLYSON INDUSTRIAL PARK
GROW DRIVE 8811
PENSACOLA FL 32514**

Mailing Address

**ELLYSON INDUSTRIAL PARK
GROW DRIVE 8811
PENSACOLA FL 32514**

2. Principal Place of Business

Ellyson Industrial Park

3. Mailing Address

Ellyson Industrial Park

Suite, Apt. #, etc.

8811 Grow Drive

Suite, Apt. #, etc.

8811 Grow Drive

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32514

Country

U.S.

Zip

32514

Country

U.S.

6. Name and Address of Current Registered Agent

**DAWS, H.C.
8811 GROW DRIVE, BOX 11
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**MGRM
DAWS, H.C.
ELLYSON INDUSTRIAL PARK
PENSACOLA FL 32514**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DAWS

2/20/03

850-478-3298

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

Date

Daytime Phone #

CR2E083 (10/02)