

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000540

Entity Name
TZGERALD SAWMILL, LLC

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90269 020 ****50.00

Principal Place of Business
23 OWENS ROAD
JULEE FL 32097

Mailing Address
3823 OWENS ROAD
YULEE FL 32097

Principal Place of Business
Suite, Apt. #, etc.

Principal Place of Business
City & State

Principal Place of Business
Zip

Principal Place of Business
Country

3. Mailing Address
Suite, Apt. #, etc.

3. Mailing Address
City & State

3. Mailing Address
Zip

3. Mailing Address
Country

4. FEI Number
NONE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, WILLIAM H
3823 OWENS ROAD
YULEE FL 32097

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when replacing)

MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGREEN, BERNARD D 111 W. 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOODY, NATALIE P 111 W. 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: Donna K. Puentes Date: 4-30-03 Daytime Phone #: 904-548-1033