

02 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90269 023 ****50.00

DOCUMENT # M00000000542

Entity Name

OWENS SAWMILL, LLC

Principal Place of Business

OWENS ROAD
 E FL 32097

Mailing Address

3823 OWENS ROAD
 YULEE FL 32097

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

NONE

Applied For

☒ Not Applicable

Country

Zip

Country

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

Name

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

City

FL

Zip Code

AVIS, WILLIAM H
 823 OWENS ROAD
 YULEE FL 32097

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$150 AA

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

STREET ADDRESS
 -ST- ZIP

MGRM
 BERGREEN, BERNARD D
 111 W. 50TH STREET
 NEW YORK NY 10020

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

☐ Change ☐ Addition

STREET ADDRESS
 -ST- ZIP

MGRM
 MOODY, NATALIE P
 111 W. 50TH STREET
 NEW YORK NY 10020

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

☐ Change ☐ Addition

STREET ADDRESS
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

☐ Change ☐ Addition

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:

Domnick P. [Signature]

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

4-30-03 904-548-1033

Date

Daytime Phone #