2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M48793 Apr 10, 2000 8:00 am Secretary of State VANZANT LOGGING, INC. 04-10-2000 90167 031 ***150.00 Principal Place of Business Mailing Address 2581 EASTWOOD RD 2581 EASTWOOD RD HILLIARD FL 32046 HILLIARD FL 32046-9376 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2783759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VANZANT, EDWARD P. Street Address (P.O. Box Number is Not Acceptable) RT 3, BOX 338 HILLIARD FL 32046 City Zip Code FL 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 title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition □ Delete TITLE TITLE VANZANT, EDWARD PARKER NAME NAME STREET ADDRESS STREET ADDRESS 2581 EASTWOOD RD CITY-ST-ZIP CITY-ST-ZIP HILLIARD FL 32046 ☐ Addition ☐ Change ST ☐ Delete TITLE NAME VAN ZANT, SUE NAME STREET ADDRESS STREET ADDRESS 2581 EASTWOOD RD CITY-ST-ZIP CITY-ST-ZIP HILLIARD FL 32046 TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.