

***FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M-69261

1. Entity Name

COCHRAN FOREST PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
702 NE Okinawa Street

3. Mailing Address
P.O. Box 1628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake City, FL

City & State
Lake City, FL

Zip
32055

Country
USA

Zip
32056

Country
USA

4. FEI Number
59-2871932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name J.R. Cochran c/o Cochran Forest Prod.

Street Address (R.O. Box Number is Not Acceptable)
702 NE Okinawa Street

City Lake City FL Zip 32055

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

J.R. Cochran

J. R. Cochran

10/8/02

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D J.R. Cochran 4037 Saint Teresa Ave. St. Teresa, FL 32358	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Carlton A. Jones Rt. 8, Box 843 Lake City, FL 32055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Karyl Cochran 4037 Saint Teresa Ave. St. Teresa, FL 32358	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J.R. Cochran

J. R. Cochran

10/8/02 386-752-0335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

APPROVED
AND
FILED

02 OCT 11 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008425199
10/17/02--01039--030 **150.00

COCHRAN FOREST PRODUCTS

J.R. "Dick" Cochran, President

Office: (904) 752-0335

P.O. Box 1628
Lake City, Florida 32056-1628

October 8, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

To our surprise, the bank has just informed us that our corporate status is listed as inactive. Attached is the Uniform Business Report for our company, along with our check for \$150.00.

The form for filing this report was never received by our company. We have had several office personnel changes in the last fifteen months, and the temporary employees failed to follow through to inquire why the UBR form had not been received. I apologize for this oversight, and we will add a reminder to our calendar so this will not happen next year.

One of the problems may have been that the street address was listed as part of the mailing address, and the post office does not deliver mail to our street address. Our physical address has been listed separately from our mailing address on this report, and we hope this will solve the mail delivery problem.

Yours truly,



J. R. Cochran
President

JRC/kjr
attachments