

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006430

1. Entity Name  
FLOWERS LOGGING CO., INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90089 009 \*\*\*150.00

Principal Place of Business  
ROUTE 1 BOX 7697B  
KINARD FL 32449

Mailing Address  
ROUTE 1 BOX 7697B  
KINARD FL 32449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5644 Odeen Flowers Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
5644 Odeen Flowers Rd.  
Suite, Apt. #, etc.

City & State  
Kinard, FL  
Zip  
32449  
Country  
Calhoun

City & State  
Kinard, FL  
Zip  
32449  
Country  
Calhoun

4. FEI Number  
65-0972529  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FLOWERS, DONNA J  
ROUTE 1 BOX 7697B  
KINARD FL 32449

Name  
Flowers, Donna J  
Street Address (P.O. Box Number is Not Acceptable)  
5644 Odeen Flowers RD.  
City  
Kinard FL Zip Code  
32449

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 *Donna J. Flowers* V.P. 1/1/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, DONNA J ROUTE 1 BOX 7697B KINARD FL 32449	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/s/t/d Flowers, Donna J 5644 Odeen Flowers Rd. Kinard, FL 32449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Odeen Flowers 5644 Odeen Flowers Rd. Kinard, FL 32449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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.

SIGNATURE: *Donna J. Flowers* vp.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/2001 850-639-2856  
Date Daytime Phone #

CR2E034 (10/00)