

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017607

1. Entity Name

THRIFT & SONS SAWMILL ENTERPRISES, INC.

Principal Place of Business

RT. 2, ROX 811-B
MACLENNY FL 32063

Mailing Address

RT. 2, ROX 811-B
MACLENNY FL 32063

2. Principal Place of Business

13407 NORTH SR 121

3. Mailing Address

Suite, Apt. #, etc.

City & State

MACLENNY, FL.

City & State

Zip

32063-9561

Country

USA

Zip

Country

4. FEI Number

59-3645934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THRIFT, BEATRICE A
HWY 121 NORTH
MACLENNY FL 32063

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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

TITLE D
NAME THRIFT, DAVID J
STREET ADDRESS RT. 2, ROX 811-B
CITY-ST-ZIP MACLENNY FL 32063 ☐ Delete

TITLE D
NAME THRIFT, BEATRICE A
STREET ADDRESS RT. 2, ROX 811-B
CITY-ST-ZIP MACLENNY FL 32063 ☐ Delete

TITLE D
NAME THRIFT, JODY P
STREET ADDRESS RT. 2, ROX 811-B
CITY-ST-ZIP MACLENNY FL 32063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Beatrice A. Thrift
Beatrice A. Thrift

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 904-259-2900

Date

Daytime Phone #

049079

CR2E034 (10/00)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90136 046 ***150.00



DO NOT WRITE IN THIS SPACE