

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040511

1. Entity Name

SOUTHERN WOODLAND SERVICE, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90342 010 ***150.00

Principal Place of Business

**1049 W. DAVIS WALKER RD.
PERRY FL 32348**

Mailing Address

**1049 W. DAVIS WALKER RD.
PERRY FL 32348**

00042840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3643485

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, LISA
1049 W. DAVIS WALKER ROAD
PERRY FL 32347**

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 re-registering)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GREEN, JOHN E III**
STREET ADDRESS **P.O. BOX 969**
CITY-ST-ZIP **STEINHATCHEE FL 32359-0969**TITLE **D** ☐ Delete
NAME **WILLIAMS, MACK T**
STREET ADDRESS **1049 W. DAVIS WALKER RD.**
CITY-ST-ZIP **PERRY FL 32347**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/O President** ☒ Change ☐ Addition
NAME **GREEN, JOHN E III**
STREET ADDRESS **P.O. BOX 165**
CITY-ST-ZIP **SALEM, FL 32356**TITLE **D/O Vice-President** ☒ Change ☐ Addition
NAME **WILLIAMS, MACK T**
STREET ADDRESS **1049 W. DAVIS WALKER RD.**
CITY-ST-ZIP **PERRY, FL 32348**TITLE **Secretary/Treasurer (officer)** ☐ Change ☒ Addition
NAME **Lisa A. Williams**
STREET ADDRESS **1049 W. Davis Walker Road**
CITY-ST-ZIP **Perry, FL 32348**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 850-838-1086

CR2E034 (10/00)