

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90256 014 ***150.00

DOCUMENT # P00000047132

1. Entity Name
BLACK CREEK LOGGING, INC.



Principal Place of Business
5405 CHICKORY ST.
MIDDLEBURG FL 32068

Mailing Address
5405 CHICKORY ST.
MIDDLEBURG FL 32068

90002637



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3650222

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEREBEE, DAVID B ESQ.
503 EAST MONROE ST.
JACKSONVILLE FL 32202

Name Deborah P. Hatcher
Street Address (P.O. Box Number is Not Acceptable)
5405 Chicory St.
City Middleburg **FL** **Zip Code** 32068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah P. Hatcher Deborah P. Hatcher 3 Jan 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME HATCHER, RANDY
STREET ADDRESS 5405 CHICKORY ST.
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE VPST ☐ Delete
NAME HATCHER, DEBORAH P
STREET ADDRESS 5405 CHICKORY ST
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah P. Hatcher Deborah P. Hatcher 3 Jan 03 904-591-9683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)