

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90015 045 ***550.00

0112858 AT

DOCUMENT # P00000070669

1. Entity Name
SOUTHERN TIMBER TRUCKING, INC.

Principal Place of Business P.O. BOX 833 5151 N.E. 167TH COURT WILLISTON FL 32696	Mailing Address P.O. BOX 833 5151 N.E. 167TH COURT WILLISTON FL 32696
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 266	3. Mailing Address P.O. Box 266
Suite, Apt. #, etc. 147 N. Main ST.	Suite, Apt. #, etc. 147 N. Main ST.

City & State Williston, FL	City & State Williston, FL	4. FEI Number 59-3659714	Applied For <input type="checkbox"/> Not Applicable
Zip 32696	Country USA	Zip 32696	Country USA

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

6. Name and Address of Current Registered Agent

**BOREE, GREG
 705 N.W. 97TH TERR.
 GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name **Boree, Greg**
 Street Address (P.O. Box Number is Not Acceptable)
2425 Hopkins St.
 City **Orange Park** FL Zip Code **32073**

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 _____ (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 \$550.00 -
After September 12, 2001 Fee will be \$750.00
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOREE, GREG 705 N.W. 7TH TERR. GAINESVILLE FL 32607	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, JAY P.O. BOX 833 WILLISTON FL 32695	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, PAM P.O. BOX 833 WILLISTON FL 32695	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boree, Greg 2425 Hopkins St. Orange Park, FL 32073	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Pam Huber **Pam Huber**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01 352-528-5261
 Date Daytime Phone #

CR2E034 (5/01)