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FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90231 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name: Timberline Road Sales, Inc. # P01000115237

DO NOT WRITE IN THIS SPACE

[redacted]
55045686
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1918 Timberline Rd.	1918 Timberline Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL 33327	City & State: Weston, FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

4. FEI Number: 45-0464437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	PD
NAME	Debra Magram	NAME	Debra Magram
STREET ADDRESS	1918 Timberline Road	STREET ADDRESS	1918 Timberline Road
CITY-ST-ZIP	Weston, FL 33327	CITY-ST-ZIP	Weston, FL 33327
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Magram 7/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #