

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000018758**

1. Entity Name
INTERSTATE WHOLESALE LUMBER EXCHANGE, INC.



**FILED
Jan 09, 2003 8:00 am
Secretary of State**

01-09-2003 90067 027 ***150.00

Principal Place of Business
**2605 GREY TWIG LANE
FT PIERCE FL 34981**

Mailing Address
**10 NORTHLAKE DR
PEACHTREE CITY GA 30269**

2. Principal Place of Business
**2607 Greg twig lane
Suite, Apt. #, etc.
FT. Pierce, 710.**

3. Mailing Address
**297 Nelms Rd
Suite, Apt. #, etc.
Fayetteville, GA.**

City & State
34981 USA

City & State
30215 USA

4. FEI Number 03-0402718	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip
34981

Zip
30215

Country
USA

Country
USA

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

6. Name and Address of Current Registered Agent

**CHILDRESS, RONALD C
2605 GREY TWIG LANE
FT PIERCE FL 34981**

7. Name and Address of New Registered Agent

Name
Childress Ronald C.
Street Address (P.O. Box Number is Not Acceptable)
**2607 Greg twig LANE
FT. Pierce, 710. 34981**
City
FL

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

Ronald C. Childress

1-07-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
Trust Fund Contribution
 **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
CHILDRESS, RONALD C
STREET ADDRESS
10 NORTHLAKE DR
CITY-ST-ZIP
PEACHTREE CITY GA 30269

Delete

TITLE
PD
NAME
Childress Ronald C.
STREET ADDRESS
297 Nelms Rd
CITY-ST-ZIP
FAYETTEVILLE, GA. 30215

Change Addition

TITLE
S
NAME
CHILDRESS, RONALD C
STREET ADDRESS
308 LAMELLA LANE
CITY-ST-ZIP
PEACHTREE CITY GA 30269

Delete

TITLE
S
NAME
Childress Brian K.
STREET ADDRESS
220 OLD PLANTATION WAY
CITY-ST-ZIP
FAYETTEVILLE GA. 30215

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Ronald C. Childress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-03

Date

Daytime Phone #

CR2E034 (10/02)