

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-09-2003 90067 027 ***150.00

DOCUMENT # P02000018758

1. Entity Name
INTERSTATE WHOLESALE LUMBER EXCHANGE, INC.



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 Greytwig Lane
Suite, Apt. #, etc.
Ft. Pierce, Fla.
City & State

3. Mailing Address
Ronald C. Childress
297 Nelms Rd
Suite, Apt. #, etc.
FAYETTEVILLE, GA.
City & State



☒ CHECK HERE IF MAKING CHANGES

Zip
34981
Country
USA

Zip
30215
Country
USA

4. FEI Number
03-0402718

Applied For
Not Applicable

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 Greytwig Lane
Ft. Pierce, Fla. 34981
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 Ronald C. Childress
Signature, typed or printed name of registered agent and title if applicable.

1-07-03
DATE

(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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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)