

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90078 004 \*\*\*150.00

**DOCUMENT # P02000033231**

1. Entity Name

LANCEFORD CREEK FOREST PRODUCTS, INC.



Principal Place of Business

4080 HEATH POINT LN  
FERNANDINA BEACH FL 32034

Mailing Address

4080 HEATH POINT LN  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

96113 Heath Point Ln

Suite, Apt. #, etc.

3. Mailing Address

96113 HEATH POINT LN.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

4. FEI Number

01-0656839

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCARROLL, LORIE L C.P.A.

2334 E. STATE ROAD 200

SUITE 300

FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

John B. DAVIS, JR.

Street Address (P.O. Box Number is Not Acceptable)

96113 HEATH POINT LN

City

FERNANDINA BEACH

FL

Zip Code

32034

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

1/23/03

**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 ☐ Delete

NAME  
D  
DAVIS, JOHN B JR.  
STREET ADDRESS  
4080 HEATH POINT LN  
CITY-ST-ZIP  
FERNANDINA BEACH FL 32034

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
96113 HEATH POINT LN.  
STREET ADDRESS  
CITY-ST-ZIP  
FERNANDINA BEACH, FL 32034

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

9042614342

Daytime Phone #

CR2E034 (10/02)