

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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90008 007 ***150.00

DOCUMENT # *P02000073742*

1. Entity Name

First Coast Forest Products, Inc.

DO NOT WRITE IN THIS SPACE

54016194

2. Principal Place of Business

4655 Sussex Ave.

3. Mailing Address

SANL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

SANL

4. FEI Number

020629469

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

SANL

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jeff Wofford

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

4655 Sussex Ave.

City

Jacksonville

FL

Zip Code

32210

**DO NOT WRITE
IN THIS SPACE**

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

Jeff Wofford

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/04

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>President</i>	<i>Jeff Wofford</i>	<i>4655 Sussex Ave</i>	<i>JAX, FL 32210</i>
<i>V-Pres</i>	<i>Jerod Wofford</i>	<i>4655 Sussex Ave</i>	<i>Jacksonville, FL 32210</i>
<i>V-Pres</i>	<i>Jaxon Wofford</i>	<i>4655 Sussex Ave</i>	<i>JAX, FL 32210</i>
<i>V-Pres</i>	<i>Justin Wofford</i>	<i>4655 Sussex Ave</i>	<i>JAX, FL 32210</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Jeff Wofford

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/7/04

DAYTIME PHONE #

904-662-7661

CR200403 (1301)