

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90208 026 \*\*\*158.75

DOCUMENT # P02000088083

1. Entity Name  
ALL TIMBER, INC.



Principal Place of Business  
11802 NORTH 51ST STREET  
STE #106  
TAMPA FL 33617

Mailing Address  
P O BOX 16966  
TAMPA FL 33687



2. Principal Place of Business  
11307 N 52nd Street

3. Mailing Address

Suite, Apt. #, etc.  
Ste #106

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State

Zip  
33617

Country

Zip

Country

4. FEI Number  
75-3076077

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

SOUTHWORTH, GEORGE L  
11802 NORTH 51ST STREET  
SUITE 100  
TAMPA FL 33687

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
11307 N 52nd Street  
Ste 106  
City Tampa FL Zip Code 33617

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]*

GEORGE L SOUTHWORTH, P O

1-13-03

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

TITLE: P ☐ Delete  
NAME: SOUTHWORTH, GEORGE L  
STREET ADDRESS: P O BOX 16966  
CITY-ST-ZIP: TAMPA FL 33687

TITLE: S, T ☐ Delete  
NAME: THOMAS, GAIL  
STREET ADDRESS: P O BOX 16966  
CITY-ST-ZIP: TAMPA FL 33687

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P-D ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 11307 N 52nd St.  
CITY-ST-ZIP: Tampa, FL 33617

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 9329 Fairway Lakes Ct.  
CITY-ST-ZIP: Tampa, FL 33647

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

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

TITLE: ☐ Change ☐ Addition  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date

813-988-6820

Daytime Phone #

CR2E034 (10/02)