


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

FILED
May 21, 2003 8:00 am
Secretary of State

04-29-2003 90074 003 ***150.00

DOCUMENT # P02000113601 ✓
1. Entity Name
FLORIDA TIMBERCRETE, INC.



Principal Place of Business: 1001 WILDWOOD ROAD, GREEN COVE SPRINGS FL 32043
Mailing Address: 2441 FOXWOOD ROAD SOUTH, ORANGE PARK FL 32073-6018

55042445



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 1850 CARNATION STREET
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: FERNANDINA BEACH
Zip: 32034
Country: NASSAU

4. FEI Number: 56-2298697
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREEMAN, RICHARD
2441 FOXWOOD ROAD SOUTH
ORANGE PARK FL 32073-6018

7. Name and Address of New Registered Agent
Name: FREEMAN, RICHARD
Street Address (P.O. Box Number is Not Acceptable): 1850 CARNATION STREET
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: Richard Freeman RICHARD FREEMAN OWNER PRESIDENT / 4/25/03
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	PRESIDENT / OWNER	<input type="checkbox"/> Delete
NAME	RICHARD FREEMAN	(NO CHANGE)
STREET ADDRESS	1850 CARNATION STREET	
CITY-ST-ZIP	FERNANDINA BEACH 32034	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD FREEMAN	
STREET ADDRESS	1850 CARNATION STREET	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard Freeman RICHARD FREEMAN 4/25/03 904 838 6097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)