

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90037 025 ***150.00

DOCUMENT # P11940

1. Entity Name
DIAMOND HILL PLYWOOD COMPANY

Principal Place of Business

600 EAST BROAD ST.
 DARLINGTON SC 29532

Mailing Address

P.O. BOX 529
 DARLINGTON SC 29532
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **57-0278667**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARBER, GEARY
1624 BRIGHTON BUFF
ORANGE PARK FL 32073

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMSEY, JOHN C.	
STREET ADDRESS	117 WYANDOT ST	
CITY-ST-ZIP	DARLINGTON SC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMSEY, JAMES H.	
STREET ADDRESS	119 WYANDOT STREET	
CITY-ST-ZIP	DARLINGTON SC	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MIKE	
STREET ADDRESS	601 DIAMOND HILL CT.	
CITY-ST-ZIP	GREENSBORO NC 27406	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, REGINALD	
STREET ADDRESS	225 4TH ST	
CITY-ST-ZIP	DARLINGTON SC 29532	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISGETT, DONNA	
STREET ADDRESS	103 NEZ PERCE DR.	
CITY-ST-ZIP	DARLINGTON SC 29532	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARBER, GEARY	
STREET ADDRESS	603 E 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REKT LEE WRIGHT	
STREET ADDRESS	1900 DIAMOND HILL RD	
CITY-ST-ZIP	CHESAPEAKE, VA 23324	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BERRY	
STREET ADDRESS	301 PARKSIDE DR.	
CITY-ST-ZIP	CHARLOTTE, NC 28208	
TITLE	CFO/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNY BOY BREBOW	
STREET ADDRESS	601 E BROAD STREET	
CITY-ST-ZIP	DARLINGTON, SC 29532	
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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John C. Ramsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Ramsey

3/9/01

(843) 393-2803

Date

Daytime Phone #

CR2E034 (10/00)