

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26024

1. Entity Name

TIMBERLAND FLOORING, INC.

Principal Place of Business

Mailing Address

%PAUL BAUCKNECHT
10672 114 AVENUE NORTH
LARGO FL 34643

%PAUL BAUCKNECHT
10672 114 AVENUE NORTH
LARGO FL 33773-3849

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

58-1830086

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

BAUCKNECHT, MARY
10672 - 114TH AVE., N.
LARGO FL 34643

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, 2000 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
NAME BAUCKNECHT, PAUL
STREET ADDRESS 10672 - 114TH AVE., N.
CITY-ST-ZIP LARGO FL ☐ Delete

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

TITLE VD
NAME BAUCKNECHT, PAUL
STREET ADDRESS RT. 3 BOX 3508
CITY-ST-ZIP BLAIRSVILLE GA ☐ Delete

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

TITLE S
NAME BAUCKNECHT, MARY
STREET ADDRESS RT. 3 BOX 3508
CITY-ST-ZIP BLAIRSVILLE GA ☐ Delete

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

TITLE VP
NAME BAUCKNECHT, TODD E
STREET ADDRESS 13018 CLAY AVENUE
CITY-ST-ZIP LARGO FL ☐ Delete

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

TITLE VP
NAME BAUCKNECHT, JR. P E
STREET ADDRESS 4514 ZACK DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6753 MELLSTONE DR
CITY-ST-ZIP NEWPORT ROCHEY, FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Mary Baucknecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90130 050 ***150.00



DO NOT WRITE IN THIS SPACE