

FILED
May 28, 2002 8:00 am
Secretary of State

04-29-2002 90117 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26344 ✓
1. Entity Name
 SOUTH ALABAMA TIMBERLANDS, INC.

DO NOT WRITE IN THIS SPACE

30254

2. Principal Place of Business
 901 S. THREE NOTCH ST
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 407
 Suite, Apt. #, etc.

City & State
 TROY, AL

City & State
 TROY, AL

4. FEI Number
 63-0755419

Applied For
 Not Applicable

Zip
 36081

Country
 USA

Zip
 36081

Country
 USA

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

7. Name and Address of Current Registered Agent

Name
 CT CORPORATION SYSTEM
Street Address (P.O. Box Number Is Not Acceptable)

1200 South Pine Island Road

City Plantation **FL** **Zip Code** 33324

**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

DALE W. MORRIS

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

5/16/02
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$81.25

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 PRESIDENT
NAME JEREMIAH A. HENDERSON
STREET ADDRESS 20102 ATASCOCITA LAKES DR.
CITY - ST - ZIP HUMBLE, TX 77346

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE PRESIDENT
NAME JAMES B. STROTHER
STREET ADDRESS 261 SANDTRAP RD, UNIT 2-C
CITY - ST - ZIP DESTIN, FL 32550

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

SIGNATURE:

DALE W. MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

Daytime Phone #