2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am DOCUMENT # **P93000023655 Secretary of State** AJ ELLIOTT LOGGING, INC. 02-28-2001 90081 016 ***150.00 Principal Place of Business Mailing Address 102 JONES AVE. 102 JONES AVE. MILTON FL 32570 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3104574 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELLIOTT, KENNETH E Street Address (P.O. Box Number is Not Acceptable) 6025 ARNIES WAY MILTON FL 32570 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ELLIOTT, WILLIAM E NAME MAME STREET ADDRESS STREET ADDRESS 6434 TONYA DR CITY-ST-ZIP CITY-ST-7IP MILTON FL 32570 TITLE ☐ Delete TITLE ☐ Change Addition NAME ELLIOTT, KENNETH E NAME STREET ADDRESS STREET ADDRESS 6025 ARNIES WAY CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 ☐ Change ☐ Addition TITLE Delete TITLE NAME ROUGHTON, LORI A STREET ADDRESS 5221 MORGAN RIDGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: LOVI A TWO OF DEPARTMENT OF SIGNATURE OF SIGNA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Lori A. Roughton Secoftiensive

9/2/10/1850/623-4502

Daytime Phone #

☐ Change

Addition

CR2E034 (10/00)