

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90619 008 \*\*\*150.00

0060698  
 AV

**DOCUMENT # P93000023655**  
 1. Entity Name  
**AJ ELLIOTT LOGGING, INC.**

Principal Place of Business <b>102 JONES AVE.          MILTON FL 32570</b>	Mailing Address <b>102 JONES AVE.          MILTON FL 32570</b>
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2. Principal Place of Business <b>6468 Open Rose Dr.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Milton FL</b>	City & State	4. FEI Number <b>59-3104574</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32570</b>	Country <b>San Rosa</b>	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ELLIOTT, KENNETH E**  
**6025 ARNIES WAY**  
**MILTON FL 32570**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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, 2002 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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ELLIOTT, WILLIAM E</b>
STREET ADDRESS	<b>6434 TONYA DR</b>
CITY-ST-ZIP	<b>MILTON FL 32570</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ELLIOTT, KENNETH E</b>
STREET ADDRESS	<b>6025 ARNIES WAY</b>
CITY-ST-ZIP	<b>MILTON FL 32570</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROUGHTON, LORI A</b>
STREET ADDRESS	<b>5221 MORGAN RIDGE DR</b>
CITY-ST-ZIP	<b>MILTON FL 32570</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. 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	

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: Handwritten Signature **3-21-02** **80623-4102**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)