

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90150 021 ***150.00

DOCUMENT # P93000023655

1. Entity Name
AJ ELLIOTT LOGGING, INC.



Principal Place of Business: **6468 OPEN ROSE DR. MILTON FL 32570**
Mailing Address: **102 JONES AVE. MILTON FL 32570**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State: **MILTON FL**
Zip: **32570**
Country: **USA**

3. Mailing Address: **6468 Open Rose Dr.**
Suite, Apt. #, etc.:
City & State:
Zip: **32570**
Country:



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3104574**
Applied For:
Not Applicable:

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

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori A. Roughton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E034 (10/02)