

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**  
 03-12-2001 90500 038 \*\*\*150.00

**DOCUMENT # P94000092111**

1. Entity Name

**BIG BEND TIMBER COMPANY, INC.**

Principal Place of Business

7819 W CIRCLE 108  
 HILLIARD FL 32046  
 US

Mailing Address

BIG BEND TIMBER CO. INC.  
 P.O. BOX 1029  
 HILLIARD FL 32046  
 US

2. Principal Place of Business

7819 County Road 108  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 1029  
 Suite, Apt. #, etc.

City & State

Hilliard FL

City & State

Hilliard FL

4. FEI Number

59-3296639

Applied For

Not Applicable

Zip

32046

Country

USA

Zip

32046

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CONNER, JAMES L  
 7819 W CIRCLE 108  
 HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name Conner James L.

Street Address (P.O. Box Number is Not Acceptable)

7819 W County Road 108  
 City Hilliard FL Zip Code 32046

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 James L. Conner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CONNER, JAMES L	
STREET ADDRESS	P O BOX 1029-7819 W CR 108	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNER, WANDA H	
STREET ADDRESS	P O BOX 1029-7819 W CR 108	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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: James L. Conner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01

904-845-7998

CR2E034 (10/00)