

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90048 023 ***150.00

001 224 AT

DOCUMENT # P94000092111

1. Entity Name
BIG BEND TIMBER COMPANY, INC.

Principal Place of Business
7819 W. COUNTY ROAD 108
HILLIARD FL 32046
US

Mailing Address
P.O. BOX 1029
HILLIARD FL 32046
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15928 W County Rd 108
 Suite, Apt. #, etc.
Hilliard

3. Mailing Address
PO Box 1029
 Suite, Apt. #, etc.

City & State
Hilliard 71
Zip
32046
Country
USA

City & State
Hilliard 71
Zip
32046
Country
USA

4. FEI Number **59-3296639**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CONNER, JAMES L
7819 W COUNTY ROAD 108
HILLIARD FL 32046

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 1-4-02
 *Signature, typed or printed name of registered agent and title if applicable. (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 **\$5.00 May Be**
 Trust Fund Contribution ☐ **Added to Fees**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15928 W. County Rd 108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15928 W. County Rd 108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1-4-02 845-7998
 Date Daytime Phone #

CR2E034 (9/01)