

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90073 017 ***150.00

DOCUMENT # P94000092111

1. Entity Name
BIG BEND TIMBER COMPANY, INC.



Principal Place of Business
**15928 N COUNTY RD 108
HILLIARD FL 32046
US**

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

2. Principal Place of Business

281852 Conner Cutoff

3. Mailing Address

Suite, Apt. #, etc.

City & State
Hilliard FL

Zip
32046

Country
US

City & State

Zip

Country

4. FEI Number
59-3296639

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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
Conner, James L.

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

281852 Conner Cutoff

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

SIGNATURE **JAMES L. CONNER** *James L. Conner* President 1-3-03
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

TITLE **D** ☐ Delete
NAME **CONNER, JAMES L**
STREET ADDRESS **15928 W COUNTY RD 108**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **D** ☐ Delete
NAME **CONNER, WANDA H**
STREET ADDRESS **15928 W COUNTY RD 108**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Conner James L.**
STREET ADDRESS **281852 Conner Cutoff**
CITY-ST-ZIP **Hilliard FL 32046**

TITLE **D** ☒ Change ☐ Addition
NAME **Conner, WANDA H.**
STREET ADDRESS **281852 Conner Cutoff**
CITY-ST-ZIP **Hilliard FL 32046**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Wanda H. Conner** *Wanda H. Conner* 1-3-03 904 845-7998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)