## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State P95000019644 DOCUMENT # 1. Entity Name 05-20-2002 90305 007 \*\*\*150 00 TIMBERLY, INC. Principal Place of Business Mailing Address 8003 US HIGHWAY 301 N P.O. BOX 288 ないひひょう PARRISH FL 34219 **ELLENTON FL 34222** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0577296 Not Applicable Zip Country \$8.75 Additional\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENT A BURNSIDE PETZOLDT, CURTIS T Street Address (P.O. Box Number is Not Acceptable) 8003 US HIGHWAY 301 N 7322 SZND DR.E. PARRISH FL 34219 BRADENTON 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 KentA. Burnside (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.- Election: Campaign Financing. -\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Addition TITI F ☐ Delete TITLE Change NAME PETZOLDT, CURTIS S NAME STREET ADDRESS 3755 59TH AVENUE CIRCLE E STREET ADDRESS CITY-ST-7IP **ELLENTON FL 34222** CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition PETZOLDT, C T NAME NAME 6222 TOWER LANG, B-3 STREET ADDRESS 8003-US-HIGHWAY 301 N STREET ADDRESS CITY-ST-ZIP ELLENTON-FL-34222~ CITY-ST-ZIP SARASOTA, FL 34240 ☐ Defete ☐ Addition TITLE TITI F Change BURNSIDE, KENT A NAME STREET\_ADDRESS STREET ADDRESS 7322 52ND DR E ... CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition. ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPE OR GRINTED NAME

Da

941.776.5566

Daytime Phone #