2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am § Secretary of State DOCUMENT # P95000081509 05-03-2002 90158 033 ***150.00 COLDWATER CREEK TIMBER & CONSERVATION, INC. Principal Place of Business Mailing Address 308 SO. JEFFERSON STREET 308 SO. JEFFERSON STREET PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3344687 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTHEWS, EDSEL F JR. Street Address (P.O. Box Number is Not Acceptable) 308 SO. JEFFERSON STREET PENSACOLA FL 32501 Zin 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 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 FILE NOW!!! FEE IS \$150.00 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 TITLE TITLE Delete Addition NAME YOUNG, JAMES A JR. NAME STREET ADDRESS 8006 PITTMAN AVENUE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME Matthews, edsel f STREET ADDRESS 308 SO. JEFFERSON STREET STREET ADDRESS CITY-ST-7IP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 empower of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment v

OF SIGNING OFFICER OR DIRECTOR

FILED