

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001673

1. Entity Name

B & J TIMBER SERVICE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90098 034 ***150.00

Principal Place of Business

1906 SOUTH 9TH STREET
HAINES CITY FL 33844

Mailing Address

1906 SOUTH 9TH STREET
HAINES CITY FL 33844-9341

2. Principal Place of Business

123 Pebble Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1505

Suite, Apt. #, etc.

City & State

Kinston, Alabama

Zip

36453

Country

GENEVA

City & State

DEFUNIAK SPRINGS, FL.

Zip

32435

Country

4. FEI Number

59-3363286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, BARBARA S
1906 SOUTH 9TH STREET
HAINES CITY FL 33844

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JONES, LYNNIAL J
STREET ADDRESS 1906 SOUTH 9TH STREET
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

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

TITLE STD
NAME JONES, BARBARA S
STREET ADDRESS 1906 SOUTH 9TH STREET
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *Barbara Jones* BARBARA JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

334-898-7556

Daytime Phone #

CR2E034 (9/99)