

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90100 004 ***150.00

DOCUMENT # P96000031066

1. Entity Name
W.W. TIMBER COMPANY, INC.



Principal Place of Business
**8999 US 19 S
PERRY FL 32348
US**

Mailing Address
**PO BOX 1167
PERRY FL 32348
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3237272**

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

**WARD, KRISTOPHER D
ROUTE 2, BOX 279-B
PERRY FL 32347**

Name **Kristopher WARD**

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

8999 U.S. 19 South

City **PERRY**

FL

Zip Code **32348**

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 *Kristopher D. Ward*

(NOTE: Registered Agent signature required when reinstating)

1/7/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WARD, KRISTOPHER D**
STREET ADDRESS **ROUTE 2, BOX 279-B**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **DST** ☒ Change ☐ Addition
NAME **Kristopher WARD**
STREET ADDRESS **8999 U.S. 19 S, Perry FL 32348**

TITLE **DP** ☐ Delete
NAME **WARD, DEVLON**
STREET ADDRESS **P.O. BOX 1167**
CITY-ST-ZIP **PERRY FL 32348**

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

TITLE **DV** ☐ Delete
NAME **WARD, NICHOLAS**
STREET ADDRESS **P.O. BOX 1167**
CITY-ST-ZIP **PERRY FL 32348**

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

TITLE **DST** ☒ Delete
NAME **WARD, ROBIN**
STREET ADDRESS **P.O. BOX 1167**
CITY-ST-ZIP **PERRY FL 32348**

TITLE **Director** ☐ Change ☒ Addition
NAME **DEXTER WARD**
STREET ADDRESS **8999 U.S. 19 South Perry FL 32348**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Kristopher D. Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-838-6202

CP2E034 (10/02)