2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

AG OFF

CER OR DIRECTOR

Jan 22, 2000 8:00 am Secretary of State DOCUMENT # **P96000036193** 1. Entity Name BAILEY TIMBER TRUCKING, INC. 01-22-2000 90070 036 ***150.00 Mailing Address Principal Place of Business RR 2 BOX 648 RR 2 BOX 648 unnnagobb **BLOUNTSTOWN FL 32424** BLOUNTSTOWN FL 32424-9503 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3368450 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAILEY, ARTHUR SR Street Address (P.O. Box Number is Not Acceptable) RR 2 BOX 648 **BLOUNTSTOWN FL 32424** City 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition PD TITLE ☐ Delete NAME BAILEY, ARTHUR SR NAME 8 STREET ADDRESS STREET ADDRESS **RR 2 BOX 648** CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL 32424** ☐ Addition Change STD □ Delete TITLE NAME BAILEY, ARTHUR JR STREET ADDRESS STREET ADDRESS RT 2 BOX 648 CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL 32424** ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED