2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am DOCUMENT # **P96000036193 Secretary of State** 1. Engle Name BAILEY TIMBER TRUCKING, INC. 02-01-2001 90053 047 ***158.75 Principal Place of Business Mailing Address RR 2 BOX 648 RR 2 BOX 648 BLOUNTSTOWN FL 32424 **BLOUNTSTOWN FL 32424** 2. Principal Place of Business 3. Mailing Address 19872 SR 20W, 19872 SR 20W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3368450 Blountstown, F1 Not Applicable Blountstown Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32424 US 32424 US 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent-<u> Arthur Bailey, Sr.</u> BAILEY, ARTHUR SR treet Address (P.O. Box Number is Not Acceptable) $9572~{ m SR}~71{ m N}$ RR 2 BOX 648 BLOUNTSTOWN FL 32424 City Blountstown, Fl 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, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Pres. ☐ Addition **XX**Change Arthur Bailey, Sr NAME BAILEY, ARTHUR SR NAME 19572 SR 71N STREET ADDRESS STREET ADDRESS RR 2 BOX 648 CITY-ST-ZIP CITY-ST-ZIP Blountstown, F1 32424 **BLOUNTSTOWN FL 32424** \overline{STD} X X Change TITLE STD ☐ Delete TITLE Arthur Bailey, Jr NAME BAILEY, ARTHUR JR NAME STREET ADDRESS STREET ADDRESS 16302 NW Willard Smith Rd RT 2 BOX 648 CITY-ST-ZIE CITY-ST-ZIP **BLOUNTSTOWN FL 32424** Blountstown, F1 32424 TITLE TITLE Change Addition Delete NAME 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 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 tile 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 attachmen an addres th all other like empowere

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME

☐ Delete

☐ Change

☐ Addition