

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094206

1. Entity Name

STILLWATER LAND & LUMBER, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90037 028 ***150.00

909823



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O BOX 2178 MARCO ISLAND FL 34146 US	P.O BOX 2178 MARCO ISLAND FL 34146 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	40 Charde PO Box 1488

City & State	City & State
	Marco Island FL
Zip	Country
34146	USA

4. FEI Number	59-3412462	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MC LAUGHLIN, STEVE 1112 1/2 N. COLLIER BLVD. 40 601 E. Elkhorn Circle MARCO ISLAND FL 34145 #A-1-A

7. Name and Address of New Registered Agent
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, 2001 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	
TITLE	PST
NAME	MC LAUGHLIN, STEVE
STREET ADDRESS	1112 1/2 N. COLLIER BLVD.
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST
NAME	Steve mc Laughlin
STREET ADDRESS	PO Box 2178
CITY-ST-ZIP	Marco Island FL 34146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Steve mc Laughlin Date: 1/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)