

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000011289**

1. Entity Name

BACKWOODS TECHNOLOGY, INC.**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90014 024 ***150.00

Principal Place of Business

**409 MAIN STREET
DESTIN FL 32541**

Mailing Address

**409 MAIN STREET
DESTIN FL 32541**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1462, Destin, FL 32540**Destin, FL****32540****USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3446148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SKINNER, HELEN A
409 MAIN STREET
DESTIN FL 32541**

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	P	<input type="checkbox"/> Delete
NAME	SKINNER, S. DANA	
STREET ADDRESS	PO BOX 1462 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SKINNER, DAVID	
STREET ADDRESS	7 LAKE SHORE CT.	
CITY-ST-ZIP	MCDONOUGH GA 30253	
TITLE	S	<input type="checkbox"/> Delete
NAME	SKINNER, SUSIE	
STREET ADDRESS	PO BOX 1462 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	T	<input type="checkbox"/> Delete
NAME	SKINNER, HELEN	
STREET ADDRESS	409 MAIN ST.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. DANA SKINNER

Date

4/18/01

Daytime Phone #

850-267-2306

CR2E034 (10/00)