

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90042 024 ***150.00

DOCUMENT # **PA760000 48706**
 1. Entity Name
Providence Plantation Company ✓

Principal Place of Business Mailing Address
P.O. BOX 558 **P.O. BOX 558**
4489 ASHVILLE HWY **MONTICELLO, FL**
MONTICELLO, FL 32345 **32345**

2. Principal Place of Business 3. Mailing Address
4489 ASHVILLE HWY **P.O. BOX 558**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MONTICELLO, FL **MONTICELLO, FL**
 Zip Country Zip Country
32345 **USA** **32345** **USA**

4. FEI Number Applied For
593451463 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
B. LARRY SMITH
538 FIRST AVE. N.
ST. PETERSBURG, FL 33701

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	KEITH M. WARD DIRECTOR Rt 2 BOX 330 MONTICELLO, FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERESA WARD DIRECTOR Rt 2 BOX 330 MONTICELLO, FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/20/01** Daytime Phone #

CR2E034 (11/00)

DOCUMENT #

1. Entity Name

Providence Plantation Company

Attachment
Copy
#P9700048704
D0046383

Principal Place of Business Mailing Address
P.O. BOX 558 P.O. BOX 558
4489 ASHVILLE HWY MONTICELLO, FL 32345

2. Principal Place of Business 3. Mailing Address
4489 ASHVILLE HWY P.O. BOX 558
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MONTICELLO, FL City & State MONTICELLO, FL
Zip 32345 Country USA Zip 32345 Country USA

4. FEI Number 593451463 Applied For Not Applicable
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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Make Check Payable to Department of State

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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	KEITH M. WAND DIRECTOR Rt 2 BOX 33C MONTICELLO, FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TERESA WAND DIRECTOR Rt 2 BOX 33C MONTICELLO, FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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SIGNATURE: *Keith M. Wand, Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

Daytime Phone