2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000055080** 1. Entity Name PRIVATE FORESTRY SERVICES, INC.

FILED May 31, 2000 8:00 am Secretary of State

							0.5	5-31-2000	-	036 ***150	0.00
Principal Place of Business Mailing Address											
04 EAST WASI		P.O. BOX 271 MONTICELLO FL 32570-4719									
						1				 	
2. Principal P. 66 78 Suite, Apt.	CAROLINE ST.	3. Mailing Address 66 18 CAROLINES			INE S	DO NOT WRITE IN THIS SPACE					
Sun	re 9	SUITE 9							12114 13110		
City & State		City & State MILTON	Ħ		1	4. FEI	Number 59	345565	3	<u> </u>	plied For at Applicable
Zip	Country	Zip	Count			E Cor	tificate of Statu	ie Doeirad	П	\$8.75 Add	
<u> 325</u>	70 SANTA ROSA	32570	SAY	JM K	OSA					Fee Require	d
	6. Name and Address of Current F	Registered Agent		Name		7. Nan	ne and Addres	SS OT NEW H	iegisterea	Agent	
HUB	LEY, RICHARD W JR.		ļ	Ctroot A	ddraaa /D	O Pay	Number is No	Accontable	.		
	BOX 1070, SUNRAY RD.		Street Address 66 78			CA	ROCINE	ST.	" .Su	1TE 9	
TALL	AHASSEE FL 32308										
			•	City n	1127	ΓΔ			F	Zig Cod	\$ 70
B. The above	named entity submits this statement for	the purpose of changing its	s registere				or both, in the	State of Flo	orida.	<u>ـــــ</u> ر	<u> </u>
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SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	K.C. TE: Registered	HM PL	ure required w	hen reinsta	UBCE'	<u>7 JR</u>	DATE	5/19/0	<u></u>
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 2	000 Fee v	will be \$5	550.00		10. Election C Trust Fund	ampaign Fir I Contributio			O May Be I to Fees
(See criter	ia on back)	Make Check Paya		partmen	t of State						
11.	OFFICERS AND E	DIRECTORS Delete	12. TITLE		T	ADDI	TIONS/CHANG	aes to off	-ICERS AN	ID DIRECTOR: Change	Addition
ritle Name	HUBLEY, RICHARD W JR	C. Delete	NAME	-							
STREET ADDRESS	RT 7 BOX 1070, SUNRAY RD				6678	3 Ci	a polin	E ST.	Su	ITE 7	
CITY-ST-ZIP	TALLAHASSEE FL 32308			-ST-ZIP	mi	40	n, FC.	<u>329</u>	570	Change	☐ Addition
TITLE NAME		☐ Delete	TITLE							Change	Addition
STREET ADDRESS				- et address							
CITY-ST-ZIP			CITY-	ST-ZIP				· ·			
TITLE		☐ Delete	TITLÉ NAME							☐ Change	☐ Addition
NAME Street address			•	ET ADDRESS							
CITY-ST-ZIP			CITY-	-ST-ZIP							
TITLE	•	☐ Delete	TITLE							☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	E Et address							
CITY-ST-ZIP				ST-ZiP						-	
TITLE		☐ Delete	TITLE							☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP				et address ·St-Zip							
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NAME			NAME							'	•
STREET ADDRESS	,	•		ET ADDRESS						• •	
CITY-ST-ZIP				-ST-ZIP			207(0)(2) 51 1	da Otat 1:	1611		nformation.
I hereby of indicated	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify for	or the exer my signat	mption stature	ted in Sec ave the sa	tion 119 ame leg	9.07(3)(i), Flori al effect as if r	da Statutes. nade under	I further or oath; that	ertify that the i I am an officer	ntormation 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 it changed, or on an attachment with an address, with all other like empowered.