

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90030 010 ***150.00

DOCUMENT # P97000082859

1. Entity Name
EMERALD TIMBER COMPANY INC.

| | |
|---|--|
| Principal Place of Business 2230 KNOWLES ROAD GREEN COVE SPRINGS FL 32043 | Mailing Address 2230 KNOWLES ROAD GREEN COVE SPRINGS FL 32043-8821 |
|---|--|

D0007641



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

4. FEI Number **59-3469862** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MURRAY, CHARLES E
2230 KNOWLES ROAD
GREEN COVE SPRINGS FL 32043

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, 2000 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------------|------------------------------------|---|--|
| TITLE <input type="checkbox"/> Delete | D | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MURRAY, CHARLES E | NAME | |
| STREET ADDRESS | 2230 KNOWLES ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL 32043 | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | D | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MURRAY, SUSIE J | NAME | |
| STREET ADDRESS | 2230 KNOWLES ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL 32043 | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| TITLE <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Date] **Jan 15-2000** *[Phone]* **904-284-9078**
Date Daytime Phone #

CR2E034 (9/99)