

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**  
 05-18-2000 90333 019 \*\*\*150.00

**DOCUMENT # P97000103011**

1. Entity Name

**COMPTON & SONS LOGGING, INC.**

Principal Place of Business

Mailing Address

RT 1, BOX 202  
 PERRY FL 32347

RT 1, BOX 202  
 PERRY FL 32347-9711

2. Principal Place of Business

3. Mailing Address

1929 Kinsey Road

1929 Kinsey Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PERRY, FL

PERRY, FL

Zip

Country

Zip

Country

32347

Taylor

32347

Taylor

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPTON, ELLEN

RT 1, BOX 202  
 1929 Kinsey Road.  
 PERRY FL 32347

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 ☐ Delete  
 NAME COMPTON, ELLEN  
 STREET ADDRESS RT 1, BOX 202  
 CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME COMPTON, JARED  
 STREET ADDRESS RT 1, BOX 202  
 CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME COMPTON, JEREMY  
 STREET ADDRESS RT 1, BOX 202  
 CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

850-584-7476

CR2E034 (9/99)