

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 006 ***150.00

DOCUMENT # **P980000003888**

1. Entity Name

South Florida Timber Co. Inc.

DO NOT WRITE IN THIS SPACE

B0056845

2. Principal Place of Business

ARCADIA, FL

3. Mailing Address

P.O. Box 111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20 Kelly Dr

City & State

City & State

ARCADIA, FL

ARCADIA, FL

Zip

Country

Zip

Country

34266

Desoto

34265

Desoto

4. FEI Number

59-3490683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUSTIN BYRD

Street Address (P.O. Box Number is Not Acceptable)

20 Kelly Dr

City

ARCADIA

FL

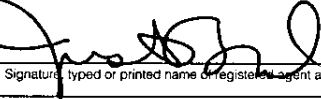
Zip Code

34265

**DO NOT WRITE
IN THIS SPACE**

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)

3-21-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President JUSTIN BYRD 20 Kelly Dr ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. President MIKE LEWIS 20 Kelly Dr ARCADIA, FL 34266
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02

Date

(863) 494-7431

Daytime Phone #

CR2E034B (12/01)