2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000011924

1. Entity Name



FILED Mar 06, 2003 8:00 am Secretary of State

SPENCE	APFEL LAND AND TIMBE	ER CO., II	NC.			03-00-200.	3 90138 040	130.	00
Principal Place of Business 935 W JOHN SIMS PKWY NICEVILLE FL 32578 Mailing Address 935 W JOHN SIMS PKWY NICEVILLE FL 32578 NICEVILLE FL 32578				<u> </u>	;	4 1 4 1 /4 4 1 10 10 10 10 10 10 10 10 10 10 10 10 10	1 88 381 38 761 89 631 84	FA D 41 0 10 1010	11 0 11 0 101 1 0 01
Principal Place of Business 3. Mailing Address				ress					
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City	& State		4. FEI	4. FEI Number 59-3503281 Applied For Not Applied For			<u>'</u>
Zip	Country	Zip		Country		tificate of Status Desired	d		ditional
	6. Name and Address of Currer	nt Registere	d Agent		7. Nam	ne and Address of Nev	v Registered A	gent	
SPENCE, W. FERROL				Name		ŀ			
335 BAYSHORE DRIVE				Street Addre	ess (P.O. Box N	Numbèr is Not Accepta	ble)		
	E FL 32578		·	<u></u>	· · · · ·		· · · · · · · · · · · · · · · · · · ·		
÷				City		<u> </u>	FL	Zip Cod	
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpo	ose of changing its r	egistered office or regi	istered agent,	or both, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered ager	nt and title if appli	icable (NOTE:	Registered Agent signature reg	muired when reinstat	tion)	DATE		
	Signature, typed or printed name of registered ager	nt and title if appli	icable. (NOTE:	Registered Agent signature rec	quired when reinstat	ting)	DATE		
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Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department) of State				Election Campaign Trust Fund Contribu	Financing tion,	Added	to Fees
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I nereby 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 10 or Block 11 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

850-678-4323