2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Jan 22, 2000 8:00 am Secretary of State DOCUMENT # P98000016024 SOUTHERN TIMBER STRUCTURES, INC. 01-22-2000 90075 012 ***150.00 Principal Place of Business Mailing Address 537 NORTH MAGNOLIA AVENUE 537 NORTH MAGNOLIA AVENUE ORLANDO FL 32801-1338 ORLANDO FL 32801 000074892. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3494100 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUKDARIAN & UNCAPHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 537 NORTH MAGNOLIA AVENUE ORLANDO FL 32801 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete Change TITLE ANDREWS, ROBERT NAME NAME STREET ADDRESS 1320 EAST WOODLAND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 TITLE ☐ Change Addition ☐ Delete TITLE ANDREWS, PAMELA NAME NAME STREET ADDRESS 1320 EAST WOODLAND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32806 ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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

other like empowered.

FILED