

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90077 040 \*\*\*150.00

**DOCUMENT # P98000032144**

1. Entity Name  
**TIMBER RECOVERY, INC.**



Principal Place of Business  
**1161 HIGHWAY 434  
WINTER SPRINGS FL 32708**

Mailing Address  
**1161 HIGHWAY 434  
WINTER SPRINGS FL 32708**



2. Principal Place of Business

**2350 Doyle Rd**

Suite, Apt. #, etc.

3. Mailing Address

**2350 Doyle Rd**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Deltona FL**

City & State  
**Deltona FL**

4. FEI Number **59-3504014**

Applied For  
Not Applicable

Zip Country  
**32738 USA**

Zip Country  
**32738 USA**

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

6. Name and Address of Current Registered Agent

**RICE, MARK W  
1161 HIGHWAY 434  
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **Mark W. Rice**  
Street Address (P.O. Box Number is Not Acceptable)  
**2350 Doyle Rd**  
City **Deltona** FL Zip Code **32738**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark W. Rice, Registered Agent** 3/13/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **RICE, MARK W**  
STREET ADDRESS **1161 HIGHWAY 434**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **DST** ☐ Delete  
NAME **RICE, TERESA L**  
STREET ADDRESS **1161 HIGHWAY 434**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VP** ☐ Delete  
NAME **RICE, MARK JR**  
STREET ADDRESS **1161 HWY 434**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition  
NAME **Rice, Mark W.**  
STREET ADDRESS **2350 Doyle Rd.**  
CITY-ST-ZIP **Deltona, FL 32738**

TITLE **D/S/T** ☒ Change ☐ Addition  
NAME **Rice, Teresa L**  
STREET ADDRESS **2350 Doyle Rd**  
CITY-ST-ZIP **Deltona, FL 32738**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Rice, Mark Jr.**  
STREET ADDRESS **2350 Doyle Rd**  
CITY-ST-ZIP **Deltona, FL 32738**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark W. Rice, President** 3/13/03 327-8028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)