2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # P98000036869 1. Entity Name M & E TIMBER, INC. 04-05-2000 90091 010 ***150.00 Principal Place of Business Mailing Address RT 4. BOX 36/ELLISON RD RT 4. BOX 36/ELLISON RD PERRY FL 32347 PERRY FL 32347-9804 2. Principal Place of Business 3. Mailing Address <u> 2451 E. Ellison Road</u> Ellison Road <u> 2451 E</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3506094 Not Applicable Perry, Florida <u>Perry. Florida</u> 32347 Country \$8,75 Additional 5. Certificate of Status Desired 32347 Taylor Taylor Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Elaine Pruitt</u> PRUITT, MATT Street Address (P.O. Box Number is Not Acceptable) 2451 E. Ellison Road RT 4. BOX 36/ELLISON RD **PERRY FL 32347** Zip Code City 3<u>2347</u> Perry 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 Elaine Pruitt (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11, ☐ Addition Delete TITLE TITLE NAME PRUITT, MERRITT NAME STREET ADDRESS STREET ADDRESS RTE 4 BOX 36/ELLISION RD 2451 E. Ellison Road CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32437** Perry, FL 32347 Change ■ Addition TITLE ST Delete TITLE NAME PRUITT, ELAINE NAME 2451 E. Ellison Road STREET ADDRESS STREET ADDRESS RT 4 BOX 36/ELLISON RD 32347 CITY-ST-ZIP CITY-ST-ZIP Perry, FL **PERRY FL 32347** ☐ Change ☐ Addition Delete -TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

Date

850-584-6650 Daytime Phone # CR2E034 (9