


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90759 033 ***150.00

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

90117468

DOCUMENT # P98000074886 1. Entity Name APPALACHIAN AMERICAN FOREST PRODUCTS, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20 South Grande Beach Suite, Apt. #, etc. Drive	3. Mailing Address P.O. Box 2449 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SANTA ROSA BEACH, FL	City & State SANTA ROSA BEACH, FL	4. FEI Number 59-3532117	Applied For Not Applicable
Zip 32459	Country USA	Zip 32459	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES N. GREEN
Street Address (P.O. Box Number is Not Acceptable) 20 South Grande Beach Drive
City SANTA ROSA BEACH FL
Zip Code 32459

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT James N. Green 20 South Grande Beach Drive SANTA ROSA BEACH FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)