2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P98000086160 BRADLEY LOGGING, INC. 03-02-2001 90083 012 ***150.00 Principal Place of Business Mailing Address 1716 BRADLEY RD 1716 BRADLEY RD WESTVILLE FL 32464 WESTVILLE FL 32464 00028658 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1210125 Not Applicable Zip Country Zip 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 BRADLEY, LESLIE S Street Address (P.O. Box Number is Not Acceptable) 1716 BRADLEY RD WESTVILLE FL 32464 Zip Code 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTD** TITLE ☐ Channe ☐ Addition TITLE ☐ Delete NAME BRADLEY, LESLIE S NAME STREET ADDRESS STREET ADDRESS 1716 BRADLEY RD CITY-ST-ZIP CITY-ST-ZIP WESTVILLE FL 32464 ☐ Delete TITLE Change Change ☐ Addition TITLE NAME BRADLEY, JODY L NAME STREET ADDRESS STREET ADDRESS 1716 BRADLEY RD CITY-ST-ZIP CITY-ST-7IP WESTVILLE FL 32464 Change ☐ Defete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF P

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/00)

FILED