


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90758 001 ***150.00

0002749 AV

DOCUMENT # P98000090955	
1. Entity Name TIMBER SUPPLY SERVICES, INC.	

Principal Place of Business ROUTE 12 BOX 740 LAKE CITY FL 32025	Mailing Address ROUTE 12 BOX 740 LAKE CITY FL 32025
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2. Principal Place of Business 3017 N. OCEANSHORE BLVD.	3. Mailing Address 3017 N. OCEANSHORE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FLAGLER BEACH, FL.	City & State FLAGLER BEACH, FL.
Zip 32136	Zip 32136
Country	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3541279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
LANE, RONALD G ROUTE 12 BOX 740 3017 N. OCEANSHORE BLVD. PEBBLE CREEK ST FLAGLER BEACH, FL. 32136 LAKE CITY FL 32025	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ronald G Lane DATE 4-30-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D LANE, RONALD G <input type="checkbox"/> Delete	TITLE	D LANE, RONALD G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, RONALD G	NAME	LANE, RONALD G
STREET ADDRESS	ROUTE 12 BOX 740	STREET ADDRESS	3017 N. OCEANSHORE BLVD.
CITY-ST-ZIP	LAKE CITY FL 32025	CITY-ST-ZIP	FLAGLER BEACH, FL. 32136
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Ronald G Lane **430-83** **386-931-0930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)