2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # _____ P98000100220

Entity Name

C.L.S. Timber, Inc

Principal Place of Business	Mailing Address
130 SW 4th Ave BUTLER FL 32054	c/o. Craig Shadd 430 S.W 4th Ave LAKE BUTLER FL 32054-0000

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3558495	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHADD. Craig L. 430 SW 4th Ave LAKE BUTLER FL 32054	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City	FL	Zip Code

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 |

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS $150.00 After MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DP SHADD, Craig L 430 SW 4th Ave ST ZIP LAKE BUTLER FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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.

904-496-2631- ask for Shelly or Cassie

SIGNATURE: Craig L Shadd Craig L Shadd 4-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR