## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9900014352

PROCTOR LOGGING, INC.

## FILED Jan 23, 2001 8:00 am Secretary of State

01-23-2001 90016 031 \*\*\*158.75



Principal Place of Business 2306-11TH COURT SW VERO BEACH FL 32062

Suite, Apt. #, etc.

SIGNATURE

5333 Emmerson Ave Fort Pierce, Fl 34951 2. Principal Place of Business

Mailing Address

2300 11TH COURT SW VERO BEACH FL 32982-

1056 23rd Place SW

Vero Beach, FL 32962

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State Applied For 4. FEI Number 59-3566244 Not Applicable Zip Zip Country 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

City

(NOTE: Registered Agent signature required when reinstating)

PROCTOR, RALPH A SR. 2306-11TH COURT-SW-VERO BEACH FL 32962

1056 2318 Place SW

Street Address (P.O. Box Number is Not Acceptable)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FL

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Jacquelyn L. Proctor 1056 23rd place SW TITLE Delete TITLE Change PROCTOR, RALPH A SR. NAME NAME 1056 23rd Place SW 2306-11TH COURT SW STREET ADDRESS STREET ADDRESS Beach FL 32962 CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP Veco TITLE ☐ Delete TITLE Proctor Jr. NAME Place SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

Date

Daytime Phone #