

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90116 025 ***150.00

DOCUMENT # P99000091409

1. Entity Name

M & K TIMBER CO., INC.

Principal Place of Business

P.O. BOX 346
GRACEVILLE FL 32440

Mailing Address

4734 CLIFF ROAD
GRACEVILLE FL 32440

2. Principal Place of Business

P.O. Box 433
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 433
Suite, Apt. #, etc.

City & State

COTTONDALE, FLA.

Zip
32431

Country

U.S.A.

City & State

COTTONDALE, FLA.

Zip
32431

Country

U.S.A.

4. FEI Number

59-3601952

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, GARRY
4734 CLIFF ROAD
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name

EDWARD KELLEY

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

2822 CINEMA Lane

City

COTTONDALE

FL

Zip Code

32431

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

Edward Kelley

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/01

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, GARY
STREET ADDRESS 4734 CLIFF ROAD
CITY-ST-ZIP GRACEVILLE FL 32440 ☒ Delete

TITLE SD
NAME KELLEY, EDWARD
STREET ADDRESS POST OFFICE BOX 433 N/A
CITY-ST-ZIP COTTONDALE FL 32431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KELLEY, EDWARD
STREET ADDRESS P.O. BOX 433
CITY-ST-ZIP COTTONDALE, FL. 32431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Edward Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

Daytime Phone #

CR2E034 (10/00)