2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S19261 DOCUMENT

1. Entity Name

SIGNATURE: 4

D & E FOREST PRODUCTS, INC.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90266 010 ***150.00

Principal Place of Business 11330 N.E. 8TH COURT BISCAYNE PARK FL 33161		Mailing Address 11330 N.E. 8TH COURT BISCAYNE PARK FL 33161		
2. Principal Place of Business		3. Mailing Address		1 169/1916 (81 100 10116 11116 11116 11116 11111 11111 11111 11111 11111 11111 1111
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0246554 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
·	6. Name and Address of Currer		<u> </u>	7. Name and Address of New Registered Agent
	o. Hallo and Addices of Carro	1	Name	
=	DBERT N. JR.		Street Addres	s (P.O. Box Number is Not Acceptable)
175 NE FIRST AVENUE ELEVENTH FLOOR				
MIAMI FL 33128-4997		•	City	FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DATE
F After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	0		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRODEUR, DELORES M . 11330 NE 8TH COURT BISCAYNE PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BRODEUR, EDWARD G. 11330 NE 8TH COURT BISCAYNE PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stocking Production	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby of indicated of the core		rt is true and accurate and that npowered to execute this repor is, with all othe <u>r</u> like empowered	my signature snail nave ii t as required by Chapter i	section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if