

2000 UNIFORM BUSINESS REPORT (UBR)

6/2

DOCUMENT # S64478

1. Entity Name

LORD LOGGING, INC.

Principal Place of Business

RT. 3, BOX 346
OLD TOWN, FL 32680

Mailing Address

RT. 3, BOX 346
OLD TOWN, FL 32680

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

593081959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORD, THELMA
RT. 3, BOX 346
OLD TOWN, FL 32680

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 1-2000 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

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	LORD, MORGAN	
STREET ADDRESS	P.O. BOX 41	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LORD, ROGER, A.	
STREET ADDRESS	P.O. BOX 692	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	P	<input type="checkbox"/> Delete
NAME	LORD, CEDRIC	
STREET ADDRESS	RT. 3, BOX 348	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORD, THELMA	
STREET ADDRESS	LORD RD	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-20-00

552-542-4108

CR2E034 (9/99)

FILED
Aug 09, 2000 8:00 am
Secretary of State

06-22-2000 90049 030 ***150.00

08-09-2000 90087 008 ***400.00

DO NOT WRITE IN THIS SPACE