

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90054 005 \*\*\*150.00

**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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3081959</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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.

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Delete	TITLE LORD, MORGAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORD, MORGAN		NAME P O BOX 41 NA	
STREET ADDRESS P O BOX 41 NA		STREET ADDRESS OLD TOWN FL	
CITY-ST-ZIP OLD TOWN FL		CITY-ST-ZIP OLD TOWN FL	
TITLE VP	<input type="checkbox"/> Delete	TITLE LORD, ROGER, A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORD, ROGER, A		NAME P O BOX 692 NA	
STREET ADDRESS P O BOX 692 NA		STREET ADDRESS TRENTON FL	
CITY-ST-ZIP TRENTON FL		CITY-ST-ZIP TRENTON FL	
TITLE P	<input type="checkbox"/> Delete	TITLE LORD, CEDRIC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LORD, CEDRIC		NAME RT 3 BOX 348	
STREET ADDRESS RT 3 BOX 348		STREET ADDRESS OLDTOWN FL	
CITY-ST-ZIP OLDTOWN FL		CITY-ST-ZIP OLDTOWN FL	
TITLE D	<input type="checkbox"/> Delete	TITLE LORD, THELMA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORD, THELMA		NAME LORD RD	
STREET ADDRESS LORD RD		STREET ADDRESS OLD TOWN FL 32680	
CITY-ST-ZIP OLD TOWN FL 32680		CITY-ST-ZIP OLD TOWN FL 32680	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Cedric Lord*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01  
 Date

352-542-4108  
 Daytime Phone #

CR2E034 (10/00)