

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90154 015 \*\*\*150.00

05/7/02 AV

**DOCUMENT # S93102**

1. Entity Name  
**TIMBER CONSTRUCTION, INC.**



Principal Place of Business  
**11405 TERRELL RD  
SPRING HILL FL 34608**

Mailing Address  
**11405 TERRELL RD  
SPRING HILL FL 34608**

2. Principal Place of Business  
**5276 IROQUOIS AVENUE**

3. Mailing Address  
**5276 IROQUOIS AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**SPRING HILL, FL**

City & State  
**SPRING HILL, FL**

4. FEI Number  
**59-3096606**

Applied For  
☐ Not Applicable

Zip Country  
**34606-1317 HERNANDO**

Zip Country  
**34606-1317 HERNANDO**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIZIO, JOSEPH J.  
11405 TERRELL RD  
SPRING HILL FL 34608**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5276 IROQUOIS AVENUE**  
City **SPRING HILL** FL Zip Code **34606-1317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OPST: LIZIO, JOSEPH J.  
11405 TERRELL RD  
SPRING HILL FL 34608** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5276 IROQUOIS AVENUE  
SPRING HILL, FL 34606-1317** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH LIZIO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/03 352-684-3596**  
Date Daytime Phone #

CR2E034 (10/02)