2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) V03506 **DOCUMENT #**

1. Entity Name MERCER LOGGING, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90462 036 ***150.00

				OO WE THE						
Principal Place of Business P.O. BOX 21 LACOOCHEE FL 33537		Mailing Address P.O. BOX 21 LACOOCHEE FL 33537	P.O. BOX 21			L (48) (B) (B) (48) (B) (10 10 10 10 10 10 10	1811 91511 8	1811 B1B11 \$1 1	6(6)(1881	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Cuite Ant Hote		Suite, Apt. #, etc.			4					
Suite, Apt. #, etc.		3uite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3115287 Applied For Not Applicable					
Zip Country		Zip	Zip Country					.75 Additional Required		
	6. Name and Address of Curr	ent Registered Agent	'		7. N	lame and Address of New Registe	ered Age	nt		
	.,=			-Name	~ .			· .		
MERCER, L 39410 MER			Street Addres			s (P.O. Box Number is Not Acceptable)				
	EE FL 33537									
1 2	<i>‡</i>			City			FL	Zip Code	• •	
	named entity submits this statement ions of registered agent.	nt for the purpose of changing it	s registered	d office or regist	tered age	ent, or both, in the State of Florida.	am fam	iliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered	Agent signature requir	red when re	instating) C	DATE			
` After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen					Election Campaign Financin Trust Fund Contribution.		Added	May Be to Fees	
10.	OFFICERS A	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	S AND DI	RECTORS	3 IN 11	
NAME STREET ADDRESS	D MERCER, LOUIS H. 39410 MERCER RD. LACOOCHEE FL 33537	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	· · ·] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET CITY-S	T ADDRESS ST-ZIP	•] Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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: