

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90091 030 ***158.75

DOCUMENT # 165952

1. Entity Name
DIXIE PLYWOOD COMPANY OF TAMPA, INC.

Principal Place of Business SOUTH END OF WEST LATHROP AVENUE P.O. BOX 1408 SAVANNAH GA 31402	Mailing Address SOUTH END OF WEST LATHROP AVENUE P.O. BOX 1408 SAVANNAH GA 31402
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000111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0657530		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**FORHOLT, ERICK A
 344 ALL AMERICAN BLVD
 ORLANDO FL 32810**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	VD BRADLEY, W WALDO S END OF W LATHROP AVE SAVANNAH GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S End Old West Lathrop Ave Savannah, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, DANIEL H S END OF W LATHROP AVE SAVANNAH GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S End Old West Lathrop Ave Savannah, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, JANE B S END OF W LATHROP AVE SAVANNAH GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35 Palisades Rd NE Atlanta, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S MCMILLAN, PAUL H S END OF W LATHROP AVE SAVANNAH GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Hancock, Rebecca L S End Old West Lathrop Ave Savannah, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete F- GENTRY, MARK S END OF W LATHROP AVE SAVANNAH GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VT S End Old West Lathrop Ave Savannah, GA 31415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Wilson, David G S End Old West Lathrop Ave Savannah, GA 31415

CR2E034 (9/01)

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:

Rebecca L Hancock **REBECCA L. HANCOCK**

4-18-02

912-447-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #