

**UNIFORM BUSINESS REPORT (UBR)**

4/27/2004-90050-036-\$150.00-\$150.00

DOCUMENT # F93000003129  
 1. Entity Name  
 Woodbury Pewterers, Inc.



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 04 MAY 14 AM 10:26

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 360 Main St. South  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 482  
 Suite, Apt. #, etc.

24056235

DO NOT WRITE IN THIS SPACE

City & State  
 Woodbury, CT  
 Zip Country  
 06798 USA

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 06798 USA

4. FEI Number  
 06-0773077  
 Applied For  
 No: Applicable

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

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7. Name and Address of Current Registered Agent

Name: Titcomb, Lee R.  
 Street Address: (P.O. Box Number is Not Acceptable)  
 425 Atlantic Dr. SW  
 City: Lantana FL Zip Code: 33462

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

10. PRES OFFICERS AND DIRECTORS

TITLE	TITCOMB, LEE R
NAME	425 ATLANTIC DR S.W.
STREET ADDRESS	LANTANA, FL 33462
CITY-ST-ZIP	
TITLE	V. Pres.
NAME	TITCOMB, PAUL H
STREET ADDRESS	235 TUTTLE RD PO BOX 885
CITY-ST-ZIP	WOODBURY CT 06798
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other I/O empowered.

SIGNATURE *Linda S. Carter* 4-22-04 203-263-2668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DA Form 7000a 5

CR2034B (12/02)