

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90211 018 ***150.00

0507824 AV

DOCUMENT # G59712
1. Entity Name
EASTWOOD CONSTRUCTION CORPORATION

Principal Place of Business
BUILDING #9102
APT # 201
CASCADA WAY
FIDDLERS CREEK
NAPLES
FLA
34144

Mailing Address
PO BOX 1759
MARCO ISLAND FL 34146
US



3. Mailing Address
 Suite, Apt. #, etc. City & State

City & State
 City & State

Zip **Country** **Zip** **Country**

4. FEI Number **59-2334247** **Applied For**
 Not Applicable

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

Current Registered Agent
EASTWOOD ALF
BUILDING #9102
APT # 201
CASCADA WAY
FIDDLERS CREEK
NAPLES
34144

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. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EASTWOOD, ALF BUILDING #9102 APT # 201 CASCADA WAY FIDDLERS CREEK NAPLES, FLA 34144
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alf Eastwood*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10 02 (941) 825-9546
 Date Daytime Phone #

CR2E034 (9/01)