

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-24-2002 91332 015 ***158.75

DOCUMENT # 496000031065
1. Entity Name
EASTWOOD LIQUIDATIONS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4760 Teouble Creek
Suite, Apt. #, etc.

3. Mailing Address
1932 Cove Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Newport Richway
Zip
34653
Country

City & State
HOLIDAY, FL
Zip
34691
Country
USA

4. FEI Number
61-00-057882-80-3
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MAUREEN DUNN
Street Address (P.O. Box Number is Not Acceptable)
1932 Cove Ct
City
HOLIDAY FL Zip Code
34691

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] VP DATE 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President Joseph E. Dunn 1932 Cove Ct HOLIDAY, FL 34691</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President MAUREEN DUNN 1932 Cove Ct HOLIDAY, FL 34691</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>See MAUREEN DUNN 1932 Cove Ct HOLIDAY, FL 34691</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] VP DATE 4/30/02 (727) 943 9456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)