


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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90284 005 \*\*\*150.00

DOCUMENT # p99000095466  
1. Entity Name  
Eastwood Management, Inc



0000040

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
28 S. Exuma Road  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 2446  
Suite, Apt. #, etc.

City & State  
Key Largo, Fl

City & State  
Key Largo, Fl

- made changes to officers

DO NOT WRITE IN THIS SPACE  
*Address change*

Zip 33037 Country USA

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4. FEI Number 65-0957948

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 Deborah S. Yates

Street Address (P.O. Box Number is Not Acceptable)

28 S. Exuma Road

City Key Largo FL Zip Code 33037

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 *Deborah S. Yates* Deborah S. Yates 2/15/03

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

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. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah S. Yates 2665 S. Bayshore Dr. #703 Miami, Fl. 33133	PSD change title	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarah T. Yates 11714 SW 135 Place Miami, Fl. 33186	D please add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Eastwood Yates 11714 SW 135 Place Miami, Fl. 33186	D Please add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George A. Yates 2665 S. Bayshore Dr #703 Miami, Fl. 33133	D ***** Please Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah S. Yates* Deborah S. Yates 2/15/03 (305)451-1407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/area Phone #