

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90015 002 ***158.75

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1. Entity Name
EBENISTERIE BEAUBOIS LTEE

Principal Place of Business 521. 6TH AVENUE P.O. BOX 8 ST GEORGES QUEBEC. CANADA G5Y 5C4	Mailing Address 521. 6TH AVENUE P.O. BOX 8 ST GEORGES QUEBEC. CANADA G5Y 5C4
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **98-0168053** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURCOTTE, MARCEL
 2109, POLO CLUB DR., APT #201
 KISSIMMEE FL 34741**

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 _____ DATE _____
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
S	POMERLEAU, HERVE	1650 11 AVENUE	ST. GEORGES, QUEBEC CN G5-Y526				
D	LACOMBE, FRANCOIS	689, ST-CHARLES	BEAUCEVILLE, QUEBEC				
P	POMERLEAU, PIERRE	536 BERWICK	VILLE MONT ROYAL H3R 2A2				

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: FRANCOIS LACOMBE Date: _____ Daytime Phone #: (418) 228-5104

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DO NOT WRITE IN THIS SPACE