

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90302 014 ***158.75

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DOCUMENT # F95000004035

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 521 6th AVENUE	3. Mailing Address 521 6th AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 98-0168053	Applied For <input type="checkbox"/> Not Applicable
Zip G5Y 5B7	Country	Zip G5Y 5B7	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 _____ 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, 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	S POMERLEAU, HERVE 1650 11 AVENUE ST. GEORGES, QUEBEC CN G5-Y526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACOMBE, FRANCOIS 689, ST-CHARLES BEAUCEVILLE, QUEBEC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMERLEAU, PIERRE 536 BERWICK VILLE MONT ROYAL H3R 2A2 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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	D LACOMBE, FRANCOIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 974, St-Charles BEAUCEVILLE, QUEBEC G5X 1A9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMERLEAU, Pierre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 633 Baul. Laird Ville Mont. Royal, QC H3R 1Y5
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (418) 228-5104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)