## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State DOCUMENT # 397157 1. Entity Name 05-19-2002 90199 039 \*\*\*158.75 SUGARMILL WOODS, INC. Principal Place of Business Mailing Address 1625 WEST MARION AVE 212 SOUTH CENTRAL STE 1 SUITE 100 PUNTA GORDA EL 33950 ST LOUIS MO 63105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1440671 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAMES E MOORE III Street Address (P.O. Box Number is Not Acceptable) 1625 W MARION AVE STE 2 **PUNTA GORDA FL 33950** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE NAME Schiffer SCHIFFER, LAURENCE A NAME Laurence A. STREET ADDRESS 212 South Central, suite 100 212 SOUTH CENTRAL SUITE 100 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST LOUIS MO 63105 St Louis, Mo 63105 TITLE ☐ Delete TITLE **X**LChange ☐ Addition NAME NAME Love, Andrew S. Ir LOVE, ANDREW S. JR. STREET ADDRESS STREET ADDRESS 212 SOUTH CENTRAL SUITE 100 212 South Central, Suite 100 CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO 63105 S+ Louis, MO 63105 ☐ Delete ☐ Change ☐ Addition TITLE AT NAME NAME KOVARIK, ANNETTE STREET ADDRESS STREET ADDRESS 212 S CENTRAL, STE 100 CITY-ST-ZIP CITY-ST-ZIP ST\_LOUIS MO 63105 TITLE ☐ Delete ASTV Change TITLE ☐ Addition AS Clement Gloria D. NAME NAME CLEMENT, GLORIA D. STREET ADDRESS 212 SOUTH CENTRAL SUITE 100 STREET ADDRESS 212 South Central, Suite 100 Strouis, MO 63105 CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MO 63105 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SHOULD VENE DE GIORED CLEMENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/22/02

(314) 512-8711

FILED

✓ Daytime Phone #