2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am **DOCUMENT #** F95000004035 **Secretary of State** 1. Entity Name 03-14-2002 90302 014 ***158.75 EBENISTERIE BEAUBOIS LTEE Principal Place of Business Mailing Address 521. 6TH AVENUE P.O. BOX 8 521, 6TH AVENUE P.O. BOX 8 ST GEORGES ST GEORGES QUEBEC, CANADA G5Y 5C4 QUEBEC, CANADA G5Y 5C4 2. Principal Place of Business 3. Mailing Address SZI 6Th AVENUE SZI 6th AVENUE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 98-0168053 Not Applicable Zip Country Country Zic \$8.75 Additional 5. Certificate of Status Desired Fee Required G5Y 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURCOTTE, MARCEL Street Address (P.O. Box Number is Not Acceptable) 2109, POLO CLUB DR., APT #201 KISSIMMEE FL 34741 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME POMERLEAU, HERVE NAME STREET ADDRESS STREET ADDRESS 1650 11 AVENUE CITY-ST-ZIP City-ST-ZIP ST. GEORGES, QUEBEC CN G5-Y526 Change ☐ Addition TITLE ☐ Delete TITLE LACOABE, FRANCOIS NAME MAME LACOMBE, FRANCOIS 974, St. Charles STREET ADDRESS STREET ADDRESS 689, ST-CHARLES CITY-ST-ZIP BEAUCEVILLE, QUEBEC CITY-ST-ZIP BEAUCEVILLE, QUEBEC TITLE Change ☐ Addition TIT) F ☐ Delete POMERLEAU, Dierre NAME NAME POMERLEAU. PIERRE 633 Boul Laird STREET ADDRESS STREET ADDRESS 536 BERWICK H3R 145 CITY-ST-ZIP CITY-ST-ZIP Ville Mont. Royal VILLE MONT ROYAL H3R 2A2 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition mil 1. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 gifter like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING

FILED