FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90133378

DOCUMENT # L26278

1. Entity Name
DOUBLE EAGLE WOODWORKING, INC.

Principal Place of Business	Mailing Address
1526 3RD AVE W BRADENTON, FL 34205	1526 3RD AVE W BRADENTON, FL 34205

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3504 5th Ave W	3504 5th Ave W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto FL	City & State: Palmetto FL
Zip: 34221 Country: US	Zip: 34221 Country: US

4. FEI Number: 65-0160317 ☐ 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
STOWE, MELVIN F 1526 3RD AVE W BRADENTON, FL 34205	Name: Melvin F Stowe Street Address (P.O. Box Number Is Not Acceptable): 3504 5th Ave W City: Palmetto FL Zip Code: 34221

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: [signature] 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STOWE, MELVIN F. 1526 3RD AVE W BRADENTON, FL 34205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Stowe, Melvin F. 3504 5th Ave W Palmetto FL 34221 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST STOWE, RAYMA J. 1526 3RD AVE W BRADENTON, FL 34205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Stowe, Rayma J. 3504 5th Ave W Palmetto FL 34221 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rayma J Stowe Rayma J. Stowe 4/29/03 (941) 722-0727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #