

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000085603  
**1. Entity Name**  
**TECHWOOD, INC.**

**Principal Place of Business**  
**98 MARKET STREET**  
**SANTA ROSE BEACH FL 32459**

**Mailing Address**  
**98 MARKET STREET**  
**SANTA ROSE BEACH FL 32459**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC -4 AM 10:01



**REINSTATEMENT**  
 DO NOT WRITE IN THIS SPACE

**4. FEI Number** 593671769 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**COFFIELD, P COLLEEN**  
**1719 SOUTH COUNTY HWY 393**  
**SANTA ROSA BEACH FL 32459**

**7. Name and Address of New Registered Agent**  
**Paul LYdolph III**  
**2441 HWY 98 E., Suite 108**  
**P.O. Box 1609**  
**Santa Rosa Beach FL 32459**

**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]* **DATE** 12/03/01

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.** ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$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	D HARALSON, HERBERT L 98 MARKET STREET SANTA ROSE BEACH FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARALSON, DIANE 98 MARKET STREET SANTA ROSE BEACH FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004725504-3 -12/13/01--01082--020 ****750.00 ****750.00
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**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:** *[Signature]* **DATE** 9-26-01 **DAYTIME PHONE #** 850 622-2754

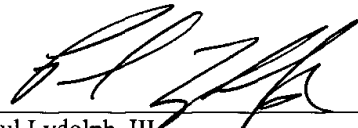
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0110899 AT

CR2E034 (5/01)

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the articles of incorporation of  
TECHWOOD, INC., as the registered agent of this corporation, hereby consents to accept  
service of process for the above stated company at the place designated in the articles of  
incorporation, and accepts the appointment as registered agent and agrees to act in this capacity.  
The undersigned further agrees to comply with the provisions of all statutes relating to the proper  
and complete performance of his or her duties, and is familiar with and accepts the obligations of  
the position of registered agent.

  
Paul Lydolph, III

**STATE OF FLORIDA  
COUNTY OF WALTON**

Sworn to and subscribed before me this 03 day of 12, 2000.



  
Notary Public --- State of Florida

  
Printed Name of Notary Public or Stamp

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_