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FILED
Apr 28, 2002 8:00 am
Secretary of State
03-25-2002 90135 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000042567**

1. Entity Name
AUTUMN ASSOCIATES, INC.

Principal Place of Business
17278 GULF PINE CIRCLE
WELLINGTON FL 33414
CHANGE

Mailing Address
17278 GULF PINE CIRCLE
WELLINGTON FL 33414
CHANGE

- 25851

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 13008 LaMirada Circle
Suite, Apt. #, etc.
City & State: Wellington FLA.
Zip: 33414 Country: USA

3. Mailing Address: P.O. BOX 210037
Suite, Apt. #, etc.: ROYAL PALM BEACH
City & State: FLORIDA
Zip: 33421 Country: USA

4. FEI Number: 65-1099107 — Applied For / Not Applicable

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

6. **Name and Address of Current Registered Agent**
GOODHUE, WILLIAM R
17278 GULF PINE CIRCLE
WELLINGTON FL 33414
CHANGE

7. **Name and Address of New Registered Agent**
Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 13008 LA MIRADA CIRCLE
City: Wellington FL Zip Code: 33414

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] WILLIAM R. GOODHUE 3/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D GOODHUE, WILLIAM R 17278 GULF PINE CIRCLE WELLINGTON FL 33414 CHANGE	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. BOX 210037 ROYAL PALM BEACH FLORIDA 33421	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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] 3/13/02 561-236-6089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #