

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90100 021 ***150.00

DOCUMENT # P01000043641

1. Entity Name
TREDWOOD, INC.

Principal Place of Business
5531 SOUTH RIDGEWOOD AVE.
PT. ORANGE FL 32127

Mailing Address
5531 SOUTH RIDGEWOOD AVE.
PT. ORANGE FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5531 South Ridgewood Ave

3. Mailing Address
5531 South Ridgewood Ave

Suite, Apt. #, etc.
#2

Suite, Apt. #, etc.
#2

City & State
Port Orange, FL

City & State
Port Orange

4. FEI Number
62-1854521

Applied For
Not Applicable

Zip
32127

Country
USA

Zip
32127

Country
USA

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

GARAHAN, KATHY P
5531 SOUTH RIDGEWOOD AVE.
PT. ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
GARAHAN, KATHY P
STREET ADDRESS
5531 SOUTH RIDGEWOOD AVE.
CITY-ST-ZIP
PT. ORANGE FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
KNOLL, P. MICHAEL
STREET ADDRESS
5531 SOUTH RIDGEWOOD AVE.
CITY-ST-ZIP
PT. ORANGE FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 other like empowered.

SIGNATURE:

Kathy Garahan **KATHY GARAHAN**

2/8/02 386 766-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)