

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90828 028 ***150.00

DOCUMENT # P01000119601

1. Entity Name
SAW PUZZLES, INC.



Principal Place of Business
**521 MIRACLE STRIP PKWY
MARY ESTHER FL 32569**

Mailing Address
**521 MIRACLE STRIP PKWY
MARY ESTHER FL 32569**



2. Principal Place of Business
909 B GREEN ST.

Mailing Address
P.O. BOX 2921

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. WALTON BCH., FL

City & State
FT. WALTON BCH., FL

4. FEI Number **01-0597168**

Applied For
Not Applicable

Zip
32547

Country
USA

Zip
32549

Country
USA

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

6. Name and Address of Current Registered Agent

**HOMER, EARL R JR.
521 MIRACLE STRIP PKWY
MARY ESTHER FL 32569**

7. Name and Address of New Registered Agent

Name
EARL R. HOMER JR
Street Address (P.O. Box Number is Not Acceptable)
709 B GREEN ST

City **FT. WALTON BCH.** FL Zip Code **32547**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 **D** ☐ Delete
NAME **HOMER, EARL R JR.**
STREET ADDRESS **521 MIRACLE STRIP PKWY**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☒ Change ☐ Addition
NAME **EARL R. HOMER JR**
STREET ADDRESS **709 B GREEN ST.**
CITY-ST-ZIP **FT. WALTON BCH., FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 / 850-496-2799

CR2E034 (10/02)