

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PA50000 31065**  
 1. Entity Name  
**: Eastwood Liquidation's, Inc.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 DEC 17 PM 4:40

Principal Place of Business Mailing Address  
**4760 #17 Trouble Creek 1932 Cove Ct.**  
**New Port Richey, Fl. 34653 Holiday, Fl. 34691**

**300004740403--0**  
**-12/27/01--01010--005**  
**\*\*\*\*150.00 \*\*\*\*150.00**

2. Principal Place of Business 3. Mailing Address  
**4760 Trouble Creek Rd. 1932 Cove Ct.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 17**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**New Port Richey, Fl. Holiday, Fl.**  
 Zip Country Zip Country  
**34653 U.S.A. 34691 U.S.A.**

4. FEI Number Applied For  
**59-3309420** Not Applicable

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

6. Name and Address of Current Registered Agent  
**Maureen J. DUNN**  
**1932 Cove Ct.**  
**Holiday, Fl. 34691**

7. Name and Address of New Registered Agent  
 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 *Maureen J. DUNN* **V.P. MAUREEN J. DUNN** **11-13-01**  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Joseph E. DUNN</b> <b>1932 Cove Ct.</b> <b>Holiday, Fl. 34691</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <b>Maureen J. DUNN</b> <b>1932 Cove Ct.</b> <b>Holiday, Fl. 34691</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Maureen J. DUNN</b> <b>1932 Cove Ct.</b> <b>Holiday, Fl. 34691</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Handwritten signature/initials*

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: *Maureen J. DUNN* **Pres. Joseph E. DUNN** **11-13-01** **(727)943-9456**  
Signature and typed or printed name of signing officer or director

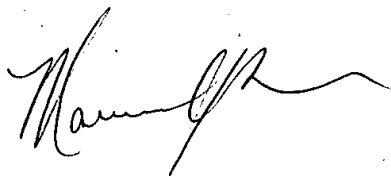
CR2E034 (5/01)

November 13, 2001

To whom it may concern,

Please be informed that this reinstatement is late due to address changes in both the business location and all mailing addresses. We were having extreme difficulty having our mail forwarded properly this problem however has been resolved. Due to this problem we never received our renewal notice. Please take this into consideration.

Thank you for your help in this matter,  
Sincerely , Maureen Dunn vp

A handwritten signature in cursive script, appearing to read "Maureen Dunn". The signature is written in dark ink and is positioned below the typed name.