

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90248 021 ***150.00

DOCUMENT # P 96 0000 85800
1. Entity Name
 Techwood Construction Inc ✓

Principal Place of Business **Mailing Address**
 4993 NW 48 Avenue (Same)
 Coconut Creek FL 33073

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

4. FEI Number 65-0706132 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

A0065931

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Richard S Lawrence
 1133 Orange Blossom Lane
 Boca Raton, FL 33428
 (Incorrect) See attached

7. Name and Address of New Registered Agent
 Name Robert Lawrence, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 1133 Orange Blossom Lane
 Boca Raton FL
 City FL Zip Code 33428

B. 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  Richard Lawrence **4/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

B. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NUMBER: P 96 0000 85800
After MAY 1, 2001 Fee will be \$450.00
 (Bank Check Payable to Department of State)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

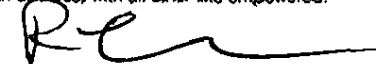
11. OFFICERS AND DIRECTORS

TITLE President NAME Richard Lawrence STREET ADDRESS 4993 NW 48 Ave CITY-ST-ZIP Coconut Creek FL 33073	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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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 President NAME Richard Lawrence STREET ADDRESS 208 1/2 S. Swinton Ave CITY-ST-ZIP Delray Beach FL 33444	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **4/26/01** 054 304 0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E034 (11/00)