

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 038 ***150.00

DOCUMENT # P96000085800

1. Entity Name
TECHWOOD CONSTRUCTION, INC.



Principal Place of Business
**4993 NW 48TH AVE
COCONUT CREEK, FL 33073**

Mailing Address
**4993 NW 48TH AVE
COCONUT CREEK, FL 33073**

2. Principal Place of Business
11133 Orange Blossom Lane
Suite, Apt. #, etc.

3. Mailing Address
11133 Orange Blossom Lane
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, Florida
Zip
33428 Country
USA

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Boca Raton, Florida
Zip
33428 Country
USA

4. FEI Number
65-0706132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, ROBERT ESQ
11193 ORANGE BLOSSOM LANE
BOCA RATON, FL 33428**

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LAWRENCE, RICHARD
208 1/2 S SWINTON AVENUE
DELRAY BEACH, FL 33444** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Lawrence, Richard
11133 Orange Blossom Lane
Boca Raton, Florida 33428** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

954 757 9030

Case

Daytime Phone #

CR2034 (10/02)