

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020131

1. Entity Name
BIRCHWOOD CORPORATION

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91217 008 ***150.00

Principal Place of Business

6392 FIRST AVE N
ST PETERSBURG FL 33710
US

Mailing Address

6392 FIRST AVE N
ST PETERSBURG FL 33710
US

2. Principal Place of Business

2010 E. VINA DEL MAR

3. Mailing Address

2010 E. VINA DEL MAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG FL

Zip

33706

Country

USA

Zip

33706

Country

USA

4. FEI Number **59-3429452**

Applied For

Not Applicable

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

MILIN, NICHOLAS E
2010 EAST VINA DEL MAR BLVD
ST PETE BEACH FL 33706

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

REMO **PRESIDENT**

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, 2001 Fee will be \$550.00
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 **P** ☐ Delete
NAME **MILIN, NICHOLAS E**
STREET ADDRESS **2010 E VINA DEL MAR BLVD.**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 the address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 **344-7700**

CR2E034 (10/00)