

# 2201 UNIFORM BUSINESS REPORT (UBR)

Page 102

DOCUMENT # **P99006101537**  
 1. Entity Name  
**TORCHWOOD INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 19 PM 3:18

Principal Place of Business Mailing Address  
**4222 S. ATLANTIC AVENUE 4222 S. ATLANTIC AVE.**  
**DAYTONA BEACH, FL 32127 DAYTONA BEACH, FL**  
**32127**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3612026** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DARREN RICHARDS**  
**4222 S. ATLANTIC AVENUE**  
**DAYTONA BEACH, FL 32127**

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  DATE **11-5-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

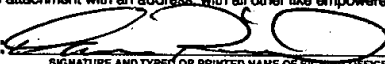
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS  
 TITLE ☐ Delete  
 NAME **PRESIDENT**  
 STREET ADDRESS **DARREN RICHARDS**  
 CITY-ST-ZIP **4222 S. ATLANTIC AVENUE**  
**DAYTONA BEACH, FL 32127**  
 TITLE ☐ Delete  
 NAME **SECRETARY/TREASURER**  
 STREET ADDRESS **MARIE RICHARDS**  
 CITY-ST-ZIP **4222 S. ATLANTIC AVENUE**  
**DAYTONA BEACH, FL 32127**  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME **700004705**  
 STREET ADDRESS **-12/05/01--01006--021**  
 CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 an address with all other like empowered.

SIGNATURE  **PRESIDENT** Date **9-10-01** Daytime Phone # **386-304-0105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)

Page 202

To whom it may concern,

We apologize for the inconvenience of receiving this so late but we never received the original UBR. Thank you for your patience in this matter.

Sincerely,

Darren Richards  
President  
Torchwood Inc.