2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the recei changed, or on an attachmen

SIGNATURE:

Mar 28, 2002 8:00 am § Secretary of State S83941 DOCUMENT # 1. Entity Name TOWN & COUNTRY WOODSHOP, INC. 03-28-2002 90362 016 ***150.00 Principal Place of Business Mailing Address 2430 SWANSON AVE 13835 SW 142ND AVE COCONUT GROVE FL 33133 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0292234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARTELSTONE, TED H. Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD. **SUITE 1550** MIAMI FL 33131 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition ☐ Delete TITLE TITLE CURTIN, DANIEL J. NAME NAME 2430 SWANSON AVE STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE CURTIN, DEBORAH J. NAME NAME 2430 SWANSON AVE STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP CITY-ST-7IP Delete Delete TILE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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

FILED