2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017889

1. Entity Name

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENTECH CREATIVE INDUSTRIES CORPORATION

Principal Place	e of Business	Mailing Address								
9603 SATELLITE BLVD		9603 SATELLITE BLVD								
SUITE 150		SUITE 150								
ORLANDO FL 32837		ORLANDO FL 32837	ORLANDO FL 32837) (186) (189) (1 80) (18) (18) (18) (18)	141 1515		(8114 B) (811	
US		US	US							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			 	BII) 6818	† 1181† 1 68 81 (8181)	ABITA TALL TARE	
	<u> </u>							22.05		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	City & State		4. F	El Number 59-3172472			oplied For	
·						39 3 172 472			ot Applicable	
Zip	ip Country Zip		Country		5. C	Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. N	ame and Address of New Reg	stered	Agent		
				Name					•	
MARHOEF	ER, JOHN "	-	Street Address			(P.O. Box Number is Not Acceptable)				
	SHORE DR		Street Address			ox radinoci is radi riodopidolo;				
	A FL 32766									
OHOLOGI	77.12 02.700			City				Zip Code	e	
				City			FL	<u> </u>		
8. The above	named entity submits this statemen	t for the purpose of changing its	s register	ed office or regist	ered age	ent, or both, in the State of Florid	a.			
\$ SIGNATURE _	<u> </u>									
0,0,4,0,12	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registere	ed Agent signature requir	red when re	instating)	DATÉ			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE				IS \$150.00		10. Election Campaign Finan	cina	\$5.0	00 May Be	
	equirement and elects to do so.	After May 1, 20	After May 1, 2002 Fee will be \$550.00			Trust Fund Contribution.	_		d to Fees	
(See criter	ia on back)	Make Check Paya	Make Check Payable to Department of Sta							
11.	OFFICERS A	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	ERS AN			
TITLE	PD	☐ Delete	TITL					Change	Addition	
NAME	MARHOEFER, JOHN P.		NAM	-					İ	
STREET ADDRESS	937 MILLSHORE DRIVE			eet address /-st-zip						
CITY-ST-ZIP	CHULUOTA FL 32760							Change	☐ Addition	
TITLE	EVPD	☐ Delete	TITL					Orlange		
NAME	MARHOEFER, ANNE P.			EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	937 MILLSHORE DRIVE. CHULUOTA FL 32760	<u>.</u>	- 6	(-ST-ZIP		,			į	
		Delete	TITL					☐ Change	Addition	
TITLE	VP	Delete	NAM	I .					-	
NAME STREET ADDRESS	MOORE, GEORGE S 9603 SATELLITE BLVD	-		EET ADDRESS					Į.	
CITY-ST-ZIP	ORLANDO FL 32837		CITY	r-ST-ZIP						
TITLE	VP	Delete	TITL	.E				☐ Change	Addition	
NAME	WALLACE, DANIEL W	201010	NAN							
STREET ADDRESS	9603 SATELLITE BV		STR	EET ADDRÉSS					ŀ	
CITY-ST-ZIP	ORLANDO FL 32837		CITY	Y-ST-ZIP						
TITLE		☐ Delete	TITL	E				Change	☐ Addition	
NAME			NAN	ΛE						
STREET ADDRESS			STR	EET ADORESS						
CITY-ST-ZIP			CITY	Y-ST-ZIP						
TITLE		☐ Delete	TITL	.E				Change	☐ Addition	
NAME			NAM	AE						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP						
13. I hereby	certify that the information supplied on this report or supplemental repo	with this filing does not qualify for	or the exe	emption stated in	Section	119.07(3)(i), Florida Statutes. I fu	irther c	ertify that the i	information r or director	
of the co	rporation or the receiver or trustee e	napowered to execute that repo	rt as requ	ired by Chapter 6	607, Flori	da Statutes; and that my name a	ppears	in Block 11 c	or Block 12 if	
changed	, or on an attachment with an addre	ss, with all other like empowered	d./]	

FILED

Jun 19, 2002 8:00 am Secretary of State 06-19-2002 90461 003 ***550.00

Daytime Phone #