## **FILED** Jan 27, 2002 8:00 am Secretary of State

## **2002 UNIFORM BUSINESS REPORT (UBR)**

P98000093457 DOCUMENT # 1. Entity Name CAVENDISH IMPORT EXPORT COMPANY INC. 01-27-2002 90042 017 \*\*\*150.00 Principal Place of Business Mailing Address 334 EAST LAKE RD., STE, 260 334 EAST LAKE RD. STE.260 PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3352528 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, JOHN A Street Address (P.O. Box Number is Not Acceptable) 334 EAST LAKE RD., STE. 260 PALM HARBOR FL 34685 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition HALL, JOHN A NAME HALL, JOHN A. NAME TRAIL STREET ADDRESS 336 EAST LAKE RD STE 260 STREET ADDRESS 110 GREENHAVEN CITY-ST-ZIP Palm Harbor Fl. 36685 CITY-ST-ZIP OCDSMAR. FL 34677 Delete Change TITLE TITLE ☐ Addition HALL, VANITA HALL, VANITA NAME NAMÉ STREET ADDRESS 336 E LAKE RD STE 260 STREET ADDRESS GREENHAVEN TRAIL CITY-ST-ZIP PALM HARBOR FL 36685 CITY-ST-ZIP TITLE. ☐ Delete TITLE \_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

