2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **H24929** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** SENEZ REAL ESTATE, INC. 03-27-2000 90075 021 ***150.00 Principal Place of Business Mailing Address 2290 S. VOLUSIA AVE. 2290 S. VOLUSIA AVE. ORANGE CITY FL 32763-7600 ORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Volusia Av DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2685646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SENEZ, BERNARD E SR. Street Address (P.O. Box Number is Not Acceptable) SENEL, BEHNANDE SK. 465-W. LANSDOWNE AVE. 755 EAST RIDGE DR. **ORANGE CITY FL 32763** 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition ☐ Delete TITLE TITLE SENEZ, BERNARD E SR. NAME NAME STREET ADDRESS STREET ADDRESS 755 EASTRIDGE DR. CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL 32763** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.