

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90434 003 \*\*\*150.00

**DOCUMENT # 524332**  
 1. Entity Name  
**LENNON GROVE AND SPREADER SERVICE, INCORPORATED**

Principal Place of Business 2701 DEAN RIDGE RD ORLANDO FL 32825 US	Mailing Address 2701 DEAN RIDGE RD ORLANDO FL 32825 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-1737147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HOEQUIST, CHARLES E.**  
**1400 FAIRBANKS AVE.**  
**WINTER PARK FL 32789**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LENNON, WILLIAM M JR</b> <b>2701 DEAN RIDGE RD</b> <b>ORLANDO FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LENNON, WILLIAM M SR</b> <b>2727 DEAN RIDGE RD</b> <b>ORLANDO FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LENNON, KIMBERLY K</b> <b>2701 DEAN RIDGE RD</b> <b>ORLANDO FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, CHRISTOPHER F</b> <b>13281 KIRBY SMITH RD</b> <b>ORLANDO FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Kimberly Lennon Date 2-26-02 407-384-1411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)