

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90051 031 ***150.00

DOCUMENT # F00000004447

1. Entity Name
SENSENICH COMPOSITES, INC.

Principal Place of Business

**2008 WOOD COURT
 PLANT CITY FL 33567**

Mailing Address

**2008 WOOD COURT
 PLANT CITY FL 33567**

2. Principal Place of Business

3. Mailing Address

4601 FORBES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State

City & State

LANHAM, MD

Zip

Country

Zip

Country

20706

USA

4. FEI Number **APPLIED FOR**

52-2257762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ROWELL, DONALD J**
 STREET ADDRESS **4304 LONGFELLOW DRIVE**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **HOWARD BUTCHER, ID**
 STREET ADDRESS **4601 FORBES BLVD, STE. 120**
 CITY-ST-ZIP **LANHAM, MD 20706**

TITLE **ST** ☐ Delete
 NAME **WAAK, TERRENCE A**
 STREET ADDRESS **15307 NORWALK COURT**
 CITY-ST-ZIP **BOWIE MD**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☐ Delete
 NAME **HOZIK, JOHN**
 STREET ADDRESS **4601 FORBES BLVD., STE 120**
 CITY-ST-ZIP **LANHAM MD**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **BOSER, STEVEN**
 STREET ADDRESS **3409 CAMPBELL RD W.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BUTCHER, MCBEE**
 STREET ADDRESS **4601 FORBES BLVD., STE 120**
 CITY-ST-ZIP **LANHAM MD**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BUTCHER, JONATHAN**
 STREET ADDRESS **4601 FORBES BLVD., STE 120**
 CITY-ST-ZIP **LANHAM MD**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)