

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90114 035 ***550.00

DOCUMENT # F01000006336

1. Entity Name
THE ENCORE GROUP, INC.

Principal Place of Business

12625 STONE DRIVE
 POWAY CA 92064

Mailing Address

111 CLOVERLEAF DRIVE
 WINSTON SALEM NC 27103

2. Principal Place of Business

10740 THORN MINT Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAN DIEGO CA

Zip

92127

Country

City & State

Zip

Country

4. FEI Number

33-0399385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PCD
SNOW, RICHARD D
12625 STOWE DR.
POWAY CA

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
10740 THORN MINT RD
SAN DIEGO CA 92127

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MUNOZ JR, JOSE
12625 STOWE DR.
POWAY CA

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
10740 THORN MINT RD
SAN DIEGO CA 92127

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
VALENTE, LOUIS
111 CLOVERLEAF DRIVE
WINSTON-SALEM NC

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SANFORD, EDWARD
15464 HARROW LANE
POWAY CA

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SANFORD, ALAN
PO BOX 1345
BONITA CA

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
HANES, ELDRIDGE C
111 CLOVERLEAF DRIVE
WINSTON-SALEM NC

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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: **L RSVADENTE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

336-768-7400

CR2E034 (4/02)