

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90095 025 ***158.75

DOCUMENT # G80000

1. Entity Name
NOTROH ENTERPRISES INC.

Principal Place of Business

2625 EDGEWATER DRIVE
 ORLANDO FL 32804

Mailing Address

2625 EDGEWATER DRIVE
 ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

7611 South O.B.T

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SKYVIEW Plaza #202

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32809 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2353874

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORTON, MICHAEL
 4661 PARKER COURT
 OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

CRE DIX Corporation

Street Address (P.O. Box Number is Not Acceptable)

6453 South Orange Avenue

Suite 1

City

Orlando

FL

Zip Code

32809

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]

(NOTE: Registered Agent signature required when reinstating)

2-1-02

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, 2002 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

TITLE DPT
 NAME HORTON, MICHAEL ☐ Delete
 STREET ADDRESS 4661 PARKER CT
 CITY-ST-ZIP OVIEDO FL

TITLE DVS
 NAME HORTON, MARCIA ☒ Delete
 STREET ADDRESS 4661 PARKER COURT
 CITY-ST-ZIP OVIEDO FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DST
 NAME James V Sadrianna ☐ Change ☒ Addition
 STREET ADDRESS 2625 Edgewater Drive
 CITY-ST-ZIP Orlando FL 32804

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

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

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James V Sadrianna 2-1-02 407-254-003

Date

Daytime Phone #

CR2E034 (9/01)