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Feb 28, 2003 8:00 am
Secretary of State
01-21-2003 90311 029 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020324

1. Entity Name
ENTECHPLUS LLC

Principal Place of Business	Mailing Address
4370 COSTA MESA PENSACOLA FL 32504	4370 COSTA MESA PENSACOLA FL 32504

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0102040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNO, THEODORE F JR.
4370 COSTA MESA
PENSACOLA FL 32504

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THEODORE F. BRUNO, JR 4370 COSTA MESA PENSACOLA, FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TERESA L. BRUNO 4370 COSTA MESA PENSACOLA, FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C. EUGENE BROWN 2335 SUMMIT BLVD PENSACOLA, FL 32503 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAROL ANN BROWN 2335 SUMMIT BLVD PENSACOLA, FL 32503 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RYAN MACK 3436 W. BRAINERD ST. PENSACOLA, FL 32505 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/DIRECTOR ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1/16/03 850 477-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #