FILED **NOT-FOR-PROFIT CORPORATION** Apr 04, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # ~96000000009 04-04-2003 90110 014 ****61.25 1. Entity Name Encore Sance Company, Inc. 10057586 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 924 N. DIKIC HwSuite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65 045119 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required DA 7. Name and Address of Current Registered Agent Name en 2ember DO NOT WRITE Street er is Not Acceptable) IN THIS SPACE おろみ are. 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. Jzember SIGNATURE DATE Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** Initial or Amended UBR OFFICERS AND DIRECTORS 10. TITLE TITLE Fresident CR2E037B (12/01 NAME NAME Mark Easton STREET ADDRESS STREET ADDRESS ke Geneva IA CITY-ST-ZIE CITY-ST-ZIP TITLE. TITLE Vice Presidents NAME NAME George STREET ADDRESS STREET ADDRESS 10 Zjale Dr. CITY-ST-ZIP CITY-ST-ZIP ake Worth Fr 33460 TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS **DO-NOT-WRITE** CITY-ST-ZIP CITY-ST-ZIP ereta TIDE TITLE IN THIS SPACE NAME NAME Street STREET ADDRESS STREET ADDRESS 33401 CITY-ST-ZIP CITY-ST-ZIP ain Bch FI TITLE easures TITLE NAME cortez NAME Kather STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE 924 N. Dikle TITLE Lake Worth NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an anticelectron of the corporation. attachment with an address, with all other like empowered. 561-582 Anember Teri Szember 4-2-03 SIGNATURE: