2002 UNIFORM BUSINESS REPORT (UBR)

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Feb 19, 2002 8:00 am Secretary of State P00000023080 DOCUMENT # 1. Entity Name 02-19-2002 90026 034 ***150.00 GANIM ENTERPRISES, INC. Mailing Address Principal Place of Business 102250 OVERSEAS HIGHWAY 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0983313 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUPINO, JAMES S Street Address (P.O. Box Number is Not Acceptable) 90130 OLD HIGHWAY TAVERNIER FL 33070 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE DF ☐ Change 🙇 Addition CR2E034 (9/01 TITLE Delete NAME GANIM, LEE G NAME 102250 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLEDVPTITLE D ☐ Delete NAME GANIM, JENNIFER R NAME STREET ADDRESS 102250 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP (X) Change ☐ Addition TITLE () S ☐ Delete TITLE NAME" GANIM; LAURA A---NAME --pages avuscos Huy. STREET ADDRESS 102250 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Change ☐ Addition ☐ Delete TITLE () T TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 repelver or trustee emgowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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

with all other like empowered

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