5/
5

FILED
Jul 12, 2001 8:00 am
Secretary of State
05-16-2001 90359 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061351

1. Entity Name
That. Other. Enterprise Inc.

Principal Place of Business	Mailing Address
11048 Clapp-Simms-Duda Rd. Orlando, FL. 32809	PO Box 547611 Orlando, FL. 32854

1 IW J

[redacted]

2. Principal Place of Business	Mailing Address
11048 Clapp-Simms Duda Rd (Suite, Apt. #, etc.)	PO Box 547611 (Suite, Apt. #, etc.)
City & State: Orlando FL	City & State: Orlando FL
Zip: 32809 Country: Orange	Zip: 32854 Country: Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3708849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Suzette Rogers
P.O. Box 547611 — 11048 Clapp-Simms-Duda Rd Orlando, FL-32832
Orlando, FL 32854

7. Name and Address of New Registered Agent

Name: SUZETTE M. ROGERS
Street Address (P.O. Box Number is Not Acceptable): 11048 Clapp-Simms-Duda Rd.
City: Orlando FL Zip Code: 32832

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

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres: Dent Suzette Rogers PO Box 547611 Orlando, FL 32854	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. - Asst: Dent Hollis Rogers PO Box 547611 Orlando, FL 32854	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Suzette M Rogers 5-1-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #