4/30

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
04-30-2001 90122 030 ***150.00

DOCUMENT # P00000100301

1. Entity Name
MENCO INCORPORATED

Principal Place of Business	Mailing Address
3137 LAMBATH ROAD ORLANDO FL 32808	3137 LAMBATH ROAD ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3137 Lambath Rd	3137 Lambath Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando Fl
Zip: 32818 Country: Orange	Zip: 32818 Country: Orange

4. FEI Number: 59-3694473 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUIS, AVALON
5819 HOLMES DRIVE
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name: Avalon Marquis
Street Address (P.O. Box Number is Not Acceptable): 5819 Holmes Dr.
City: Orlando FL Zip Code: 32808

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] (Signature, typed or printed name of registered agent and title if applicable) (Registered Agent signature required by Florida law) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See other side) X

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDEZ, YVONNE 3137 LAMBATH ROAD ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOARES, MICHAEL 3137 LAMBATH ROAD ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARQUIS, AVALON 5819 HOLMES DRIVE ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

CR2E034 (10/00)

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: Avalon Marquis 4-23-01 407-299-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER