2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91189 006 ***150.00

DOCUMENT # P00000105136

1. Entity Name
SUSAN FENNELL CORP.

Principal Place of Business
2781 OCEAN CLUB BLVD #101
Hollywood, FL 33019

Mailing Address

C0070295

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1310 SW 67 WAY	576 FOOTHILLS PZ DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. #121
City & State: PEMBROKE PINES, FL	City & State: MARYVILLE, TN
Zip: 33023 Country: USA	Zip: 37801 Country: USA

4. FEI Number: 65-1052654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUSAN FENNELL
2781 OCEAN CLUB BLVD #101
Hollywood, FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 1310 SW 67 WAY

City: PEMBROKE PINES FL Zip Code: 33023

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) A

FILE NOW!!! After MAY 1, 2001 Fee will be $350.00 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	P JOHN FENNELL 2781 OCEAN CLUB BLVD #101 Hollywood, FL 33019	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUSAN FENNELL 2781 OCEAN CLUB BLVD #101 Hollywood, FL 33019	☐ Delete	S SUSAN FENNELL 1310 SW 67 WAY PEMBROKE PINES, FL 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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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: Susan Fennell - See. SUSAN FENNELL 4/28/01 865-405-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #