## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000105980

Entity Name: ENTEGRA SALES, INC

Address: City-St-Zip:

STUART, FL 34994

FILED Apr 16, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 819 S FEDERAL HWY, STE 103 819 S FEDERAL HIGHWAY STUART, FL 34994 SUITE 103 STUART, FL 34994 **Current Mailing Address: New Mailing Address:** 819 S FEDERAL HWY, STE 103 819 S FEDERAL HIGHWAY STUART, FL 34994 SUITE 103 STUART, FL 34994 FEI Number: 65-1060533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZUMMO, ROSEMARIE ZUMMO, ROSEMARIE 819 S FÉDERAL HWY, STE 201 819 S FÉDERAL HIGHWAY STUART, FL 34994 SUITE 103 STUART, FL 34994 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: 04/16/2002 Date Electronic Signature of Registered Agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GALLIGAN, FRANK Name: Name: 819 S FEDERAL HWY STE 103 Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: Title: () Change () Addition () Delete CRIGHTON, BRUCE Name: Name: 819 S FEDERAL HWY STE 103 Address: Address: STUART, FL 34994 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MCELWEE, KELLY Name: Name: 819 S FEDERAL HWY STE 103 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: FRANK GALLIGAN PD 04/16/2002