## 2003 FOR PROFIT CORPORATION

FILED Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000014082 DOCUMENT # 04-16-2003 90165 020 \*\*\*150.00 1. Entity Name ENDEE, INC. Principal Place of Business Mailing Address 1285 TALLEVAST ROAD 1285 TALLEVAST ROAD SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address 12-21 7911 1281 Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1082090 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEWALT, JUDY. 1285 TALLEVAST ROAD SARASOTA FL 34243 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Addition TITLE Change DEWALT, JUDY NAME NAME STREET ADDRESS 1285 TALLEVAST ROAD STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition

12. 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 10 or Block 11 in changed, or on an attachment with ar

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

Daytime Phone