

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000115350

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: ETHICAL ENTERPRISES, INC.

Current Principal Place of Business:

741 NW 89TH TERR
PEMBROKE PINES, FL 330246429

New Principal Place of Business:

Current Mailing Address:

741 NW 89TH TERR
PEMBROKE PINES, FL 330246429

New Mailing Address:

FEI Number: 80-0025681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS SIMMONDS, P.A.
4801 S UNIVERSITY DR, SUITE 3010
FT LAUDERDALE, FL 33328 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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:

Title: P () Delete
Name: GOULD, DONA W
Address: 741 NW 89TH TERR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: ULRICH, ROBERT
Address: 741 NW 89TH TERR
City-St-Zip: PEMBROKE PINES, FL 330246429

Title: T () Delete
Name: MCCLOUD, GLEN
Address: 13080 SW 7TH CT
City-St-Zip: DAVIE, FL 33325

Title: V () Delete
Name: SCHWAB, NANCY
Address: 72 RIVERVIEW TERR
City-St-Zip: RIVERDALE, NJ 07457

Title: V () Delete
Name: HARDIMAN, THERESA
Address: 8 BIRCHWOOD TRAIL
City-St-Zip: KINNELON, NJ 07405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONA W GOULD

P

04/28/2002

Electronic Signature of Signing Officer or Director

Date