

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026104

1. Entity Name

LENNON COMMUNICATIONS GROUP, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90010 004 ***150.00

Principal Place of Business 6700 WINKLER ROAD SUITE 6 & 7 FT. MYERS FL 33919 US	Mailing Address 6700 WINKLER ROAD SUITE 6 & 7 FT. MYERS FL 33919-7233 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0405376	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELLISON, LARRY D
 17274 SAN CARLOS BLVD.
 SUITE 202
 FT. MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name: **MARJORIE D. LENNON**
 Street Address (P.O. Box Number is Not Acceptable):
6700 WINKLER - SUITE 7
 City: **Fort Myers** FL Zip Code: **33919**

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: *Marjorie Lennon* **MARJORIE D. LENNON, PRESIDENT** 3/21/00
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNON, MARJORIE D 6700 WINKLER STE 7 FT. MYERS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marjorie D. Lennon* **MARJORIE D. LENNON** 3/21/00 941-482-3851
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CREATED BY (1/9/00)