2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90715 001 ***450.00

1. Entity Nan	MENT # P9300008 TENERS, INC.	3 7100				04-25-2003	90715	001 ***4	50.00	
Principal Plac	ce of Business	Mailing Address		<u></u>	1					
4602-C N ARMENIA AVE TAMPA, FL 33603 US		TEN FORBES ROAD BRAINTREE, MA 02184							? ;	
									2011 PRI 1221	
2. Principal Place of Business			61 East Main Street			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 5			☑ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			Number 59-3223578			plied For	
Zip	Country	Norton, MA	Norton, MA Zip Country		<u> </u>		*	\$8.75 Ad	ot Applicable	
		02766_	US			tificate of Status Desired		Fee Require	od	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Nan	ne and Address of New Re	egistered A	Agent		
2700 BARN	I, DON B ESQ IETT PLAZA KENNEDY BLVD. 33602			· · · · · ·	(P.O. Box	Number is Not Acceptable)			
·				City			FL	Zip Coo	e	
	e named entity submits this statement tions of registered agent.	nt for the purpose of changing its	registere	ed office or registe	ered agent	, or both, in the State of Flo	rida. I am 1	amiliar with,	and accept	
SIGNATURE										
Olonginoni	Signature, typed or printed name of registered a	gent and tide if applicable. (NOT	E: Regis pred	J Agentsignature require	ul when minsu	ning)	CATE			
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF STORING OFFICIER OR DIRECTOR

04/21/03

508-821-9725

Date

Caylime Phone #