2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000085741** COVINGTON ENTERPRISES, INC. Principal Place of Business Mailing Address 641 W FAIRBANKS AVE 11036 CREIGHTON DR STF 216 ORL FL 32817

3. Mailing Address

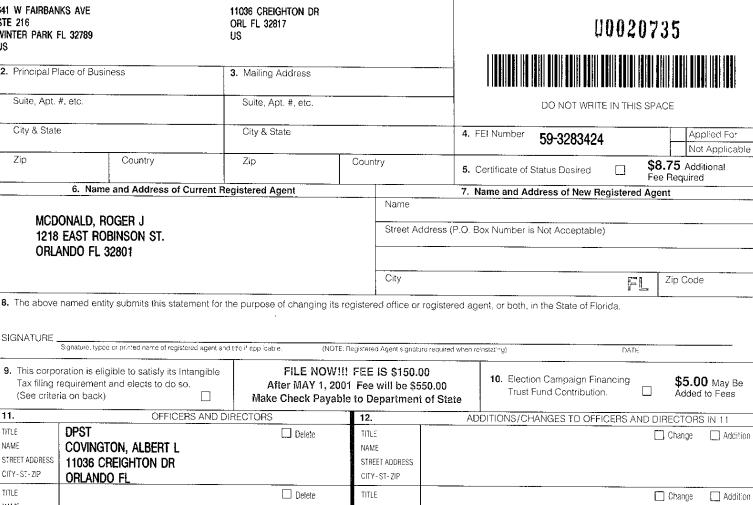
City & State

Zip

Suite, Apt. #, etc.

FILED Mar 01, 2001 8:00 am Secretary of State

03-01-2001 90023 017 ***150.00



SIGNATURE Signature, typed or printed name of registered agent and tric if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPST** Delete TITL 9 Addition NAME COVINGTON, ALBERT L NAME STREET ADDRESS 11036 CREIGHTON DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

Country

City

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 ply signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received for trustee empowered to see this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12.1 changed, or on an attachme

WINTER PARK FL 32789

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

MCDONALD, ROGER J

1218 EAST ROBINSON ST. ORLANDO FL 32801

Country

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF GNING OFFICER OR DIRECTOR 10/01 467-740-7266