2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086734

1. Entity Name

GREG FENLON & ASSOCIATES, INC.

50 SE 15:50

FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90189 009 ***150.00

Principal Place of Business 6715 MAYBOLE PL TEMPLE TERRACE FL 33617		Mailing Address 4707 - 140TH AVE. NOR SUITE 217 CLEARWATER FL 34622	тн			
2. Principal Place of Business		3. Mailing Address		1 (40.114.00 10.11.1 610.11 60.11.1 60.11.1 60.11.1 60.11.1 60.11.1 60.10.1 10.11.1 10.10.1 10.11.1 61.10.1 10.21.1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	CHECK HERE IF MAKING CHANGES		
City & State	е	City & State	····	4. FEI Number 59-3290135 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent		
FENI ON	ODEO		Name	and the second s		
FENLON;	OTH AVE NORTH		Street Ad	Address (P.O. Box Number is Not Acceptable)		
SUITE 217		•				
	TER FL 34622		City	FL Zip Code		
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						
bidititions.	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signatu	ature required when reinstating) . DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENLON, GREG 6715 MAYBOLE PL. TEMPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	23.0 25.0	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNAL UNA SIGNING OFFICER OR DIRECTO

727.539,7070

Daytime Phone #