2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
07-10-2001 90003 004 ***150.00

0478597

DOCUMENT # P95000017721

1. Entity Name
CORNUCOPIA ENTERPRISES INC.

(4A)

B00059797

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
340 GOLFBROOK CIRCLE, SUITE 200 LONGWOOD FL 32779 US	P.O. BOX 915551 LONGWOOD FL 32791-5551 US

2. Principal Place of Business		3. Mailing Address	
245 SHADOW BAY BLVD S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LONGWOOD FLORIDA		City & State	
Zip: 32779	Country: USA	Zip	Country

4. FEI Number 59-3304719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCMONAGLE, MICHAEL 340 GOLFBROOK CIRCLE, SUITE 200 LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE ______________________
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, 2001 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	P ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	MICHAEL MCMONAGLE	NAME	MICHAEL McMONAGLE
STREET ADDRESS	340 GOLFBROOK CIRCLE, SUITE 200	STREET ADDRESS	245 SHADOW BAY BLVD S.
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	LONGWOOD FL. 32779
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: [signature] April 25 2001 4078696151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #