2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90021 033 ***150.00
04-10-2000 90177 017 *****8.75

DOCUMENT # P95000030270

1. Entity Name
BRITTEN ENTERPRISES INC.

Principal Place of Business	Mailing Address
5770 W IRLO BRONSON MEMORIAL HWY SUITE 303 KISSIMMEE FL 34746	5770 W IRLO BRONSON MEMORIAL HWY SUITE 303 KISSIMMEE FL 34746-4732

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Western Impressions	5770 W. Irlo Bronson Hwy
Suite, Apt. #, etc. 5770 W Irlo Bronson Hwy Suite 303	Suite, Apt. #, etc. Suite 303
City & State: Kissimmee Fla	City & State: Kissimmee Fla
Zip: 34746 Country: USA	Zip: 34746 Country: USA

4. FEI Number 59-3315932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRITTEN, EDNA
5770 W IRLO BRONSON
MEMORIAL HWY SUITE 303
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name: Edna Britten
Street Address (P.O. Box Number is Not Acceptable): 658 Promedary Ct
City: Kissimmee FL Zip Code 34759

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 X. Edna Britten 4/3/00
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRITTEN, EDNA	NAME	
STREET ADDRESS	5770 W IRLO BRONSON MEMORIAL HWY #303	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	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
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

150.00

RECEIVED
FEB 17 2000
ATSC IRS #5801

CR2E034 (9/99)

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: Edna Britten Edna BRITTEN 2/15/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

added 8.75 for Certificate