2001 UNIFORM BUSINESS REPORT (UBR)

ess, with all other li

AND TYPED OR PRINTED NAME OF SIGNI

changed, or on an atta-

SIGNATURE:

May 17, 2001 8:00 am Secretary of State DOCUMENT # P95000040938 1. Entity Name 05-17-2001 91308 034 ***150.00 LEONARD, MCENTEE & CO., INC. Principal Place of Business Mailing Address 453 STANTON PLACE 453 STANTON PLACE LONGWOOD FL 32779 LONGWOOD FL 32779 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3315904 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J'SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Addition TITLE ☐ Delete LEONARD, E B NAME NAME STREET ADDRESS **453 STANTON PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition ☐ Delete TITLE TITLE MCENTEE, MICHAEL E NAME 22 Robinson Road NASHUA, NH 03060 STREET ADDRESS STREET ADDRESS 130 LUDLOW DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 SD Delete TITLE TITLE LEONARD, RHONDA NAME NAME STREET ADDRESS STREET ADDRESS 453 STANTON PLACE .-CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this teporator suppliemental 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 this receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4HAChment -1058016 P95000040938

