FROM : PHONE NO. :

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91409 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076239

1. Entity Name
TOTTEN ENTERPRISES, INC.

20041197

Principal Place of Business	Mailing Address
POST OFFICE BOX 567 MASCOTTE, FL 34753	POST OFFICE BOX 567 MASCOTTE, FL 34753

2. Principal Place of Business	3. Mailing Address
14391 SE 42ND STREET	14391 SE 42ND STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEBSTER, FLORIDA	City & State: WEBSTER, FLORIDA
Zip: 33597 Country: SUMTER	Zip: 33597 Country: SUMTER

☐ CHECK HERE

4. FEI Number: 59-3470851 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TOTTEN, ELAINE
413 NANDELL AVENUE
MASCOTTE, FL 34753

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 14391 SE 42ND STREET
City: WEBSTER FL Zip Code: 33597

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTTEN, ELAINE POST OFFICE BOX 567 MASCOTTE, FL 34753	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14391 42ND STREET WEBSTER, FLORIDA 33597	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTTEN ENTERPRISES, INC. ELAINE TO 413 NANDELL AVE MASCOTTE, FL 34753	☒ 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
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: ELAINE TOTTEN 4/30/03 352-267-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)