## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P97000089115



**FILED** Feb 27, 2003 8:00 am Secretary of State

1. Entity Na	eme ENTALS,	INC.					02-27-2003 90	0116 038 ***	150.00	
Principal Place of Business 1057 N. HWY. 17-92 LONGWOOD FL 32750			Mailing Address 2323 S VOLUSIA AVENUE ORANGE CITY FL 32763 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			$\dashv$	☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 59-3472523 Applied F. Not Applied			
Zip		Country	Zip	С	ountry		5. Certificate of Status Desired	\$8.75	Additional	-
6. Name and Address of Currel						7. Name and Address of New Registered Agent				
		www.marchanachanachanachanachan		ندر درستونه در در در	Name			Jistereo Agent		$\dashv$
SEXTON, DAVID N 1167 3RD ST. S., STE. 107					Street Address (P.O. Box Number is Not Acceptable)					
	FL 34102					<del></del>		<del></del>		1
	, <u> </u>			.,_	City				Code	1
the obliga	mons or regist	y submits this statement fered agent.  or printed name of registered agen		·			agent, or both, in the State of Floric	da. I am familiar v	with, and accept	
			and title if applicable.	(NOTE: Regis	stered Agent signature rec	quired who	en reinstating)	DATE		-
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o					9. Election Campaign Finan Trust Fund Contribution.	<b>~</b>	5.00 May Be	
10. 1		OFFICERS AND	DIRECTORS				ADDITIONS/CHANGES TO OFFICE	EDS AND DIDECT	CODE IN 11	4
TITLE = NAME STREÈT ADDRESS CITY-ST-ZIP	D MARTENS 7995 1ST ST. PETER	ALEX G		Delete I	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	,	Char		
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ITLE IAME TREET ADORESS ITY-ST-ZIP	avaif. Al-	information supplied with		NA ST	TLE AME IREET ADDRESS TY-ST-ZIP			☐ Chanç	ge Addition	
e. Luckedy C	POT INCH VILLER									

I nereby certify that the information supplied with this filling 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 fusion empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Daytime Phone #