

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90039 033 ***150.00

DOCUMENT # P97000107121

1. Entity Name
THREE E CORPORATION

Principal Place of Business

**651 BRYN MAWR STREET
 ORLANDO FL 32804**

Mailing Address

**651 BRYN MAWR STREET
 ORLANDO FL 32804**

2. Principal Place of Business

**4305 Neptune Rd
 Suite, Apt. # etc
 St Cloud**

3. Mailing Address

**4305 NEPTUNE RD
 Suite, Apt. #, etc.**

City & State

St Cloud FL

City & State

ST. CLOUD FL

4. FEI Number

59-3496570

Applied For

Not Applicable

Zip
34769

Country
USA

Zip
34769

Country
USA

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

**LENTZ, JAMES L
 651 BRYN MAWR STREET
 ORLANDO FL 32804**

Name

**Lentz, James L
 Street Address (P.O. Box Number is Not Acceptable)
 4305 Neptune Rd**

City

St Cloud

FL

Zip Code

34769

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

James L Lentz President

3-23-01

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 **D** ☒ Delete
 NAME **LENTZ, JAMES L**
 STREET ADDRESS **651 BRYN MAWR STREET**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Change ☐ Addition
 NAME **JAMES L. LENTZ**
 STREET ADDRESS **4305 Neptune Rd.**
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE **D** ☒ Delete
 NAME **LENTZ, MARTHA E**
 STREET ADDRESS **651 BRYN MAWR STREET**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Change ☐ Addition
 NAME **MARTHA E. LENTZ**
 STREET ADDRESS **4305 Neptune Rd.**
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

James L Lentz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-01 407-891-1616

CR2E034 (10/00)